

2021, Q1

PQI Quarterly Report



Caring for individuals, families and the community.

I. Introductions

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 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.

Figure 1.1 indicates the separation of quarters throughout the year. This report shows changes and improvements made throughout the first quarter of 2021.

Figure 1.1 – Quarter Breakdown			
Q1	Q2	Q3	Q4
January 1- March 31	April 1 –June 30	July 1 – September 30	October 1 – December 31

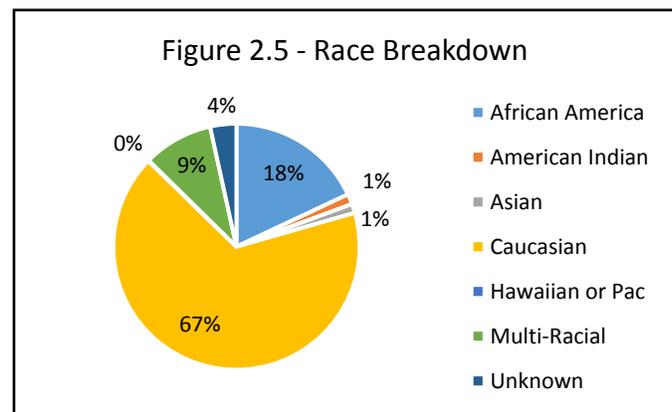
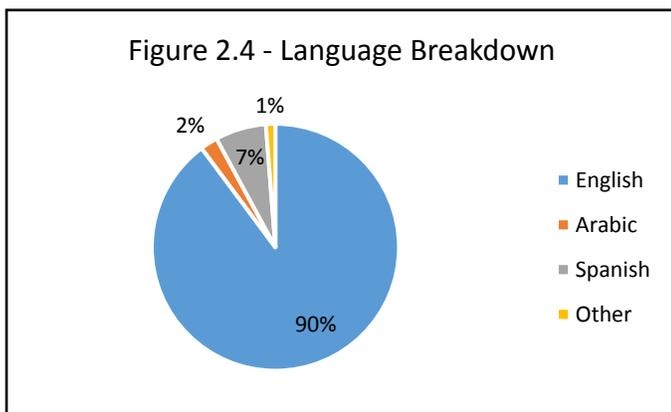
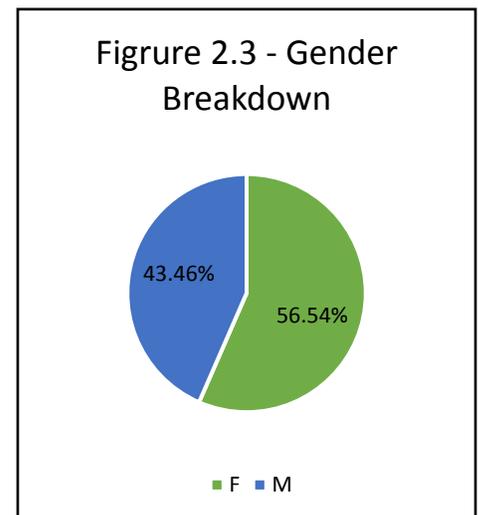
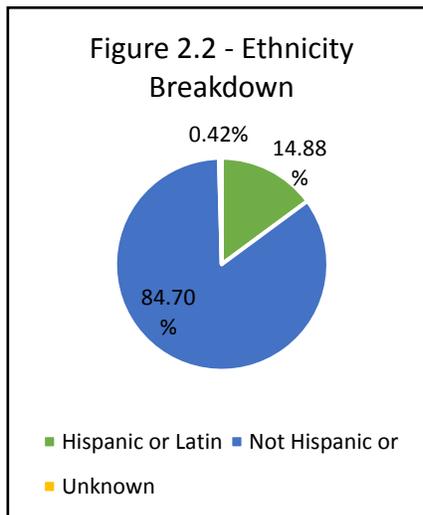
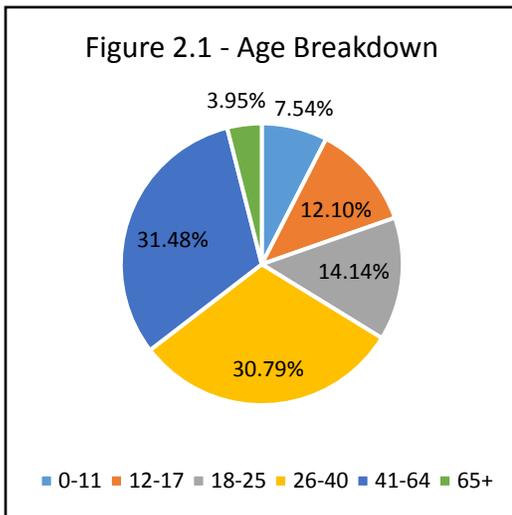
II. Demographics

In the first quarter of 2021, BestSelf's consumer demographic breakdown is shown in Figures 2.1 – 2.5.

Figure 2.1 shows the age breakdown of BestSelf consumers in the first quarter of 2021. Although BestSelf services ages spanning from childhood through adulthood, during the first quarter of 2021, the majority of BestSelf consumers were between the ages of 26 and 64 years old. Figure 2.3 shows the breakdown of the gender of BestSelf consumers. Fifty-six percent of BestSelf's consumers are female and forty-three percent are male.

Figure 2.2 shows that although the majority of consumers are not Hispanic or Latino, fourteen percent of BestSelf consumers are Hispanic or Latino. The breakdown of consumers' races in figure 2.5 shows that the majority, sixty-seven percent, of BestSelf consumers are Caucasian, but BestSelf services consumers from all different racial backgrounds. Eighteen percent of BestSelf consumers are African American, nine percent are multi-racial, the remaining six percent span across other races, including Asian, Pacific Islander and American Indian.

Figure 2.4 shows the language breakdown of BestSelf consumers. Although consumers speak twenty-six different languages, about ninety percent speak English as their primary language. About seven percent speak Spanish and about two and a half percent speak Arabic.



III. Program Outcomes

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.

Each Quarterly Report features a number of BestSelf’s programs. For the first quarter of 2021, the PQI Quarterly Report will feature the Harambee House, Health Homes Housing, Homeless Supportive Housing, Homeless Outreach, the Lighthouse, and SUD Housing.

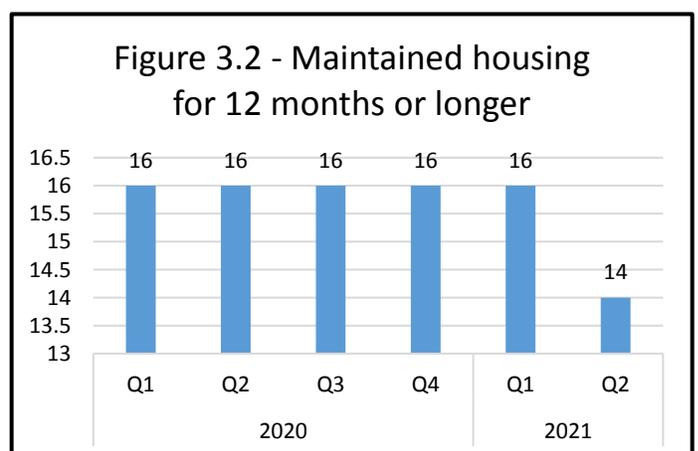
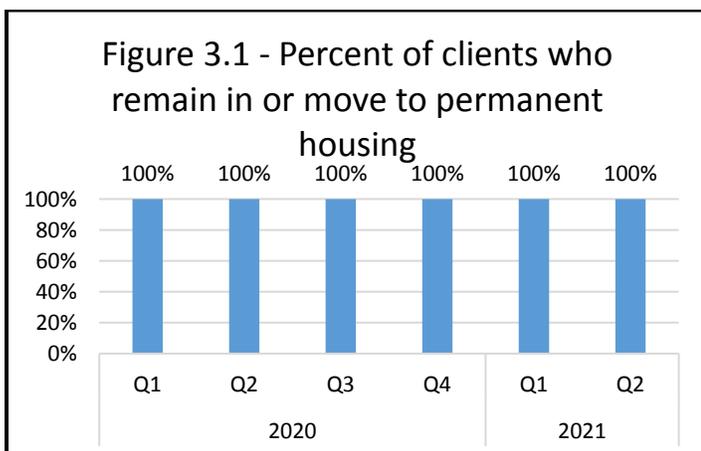
Harambee House

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 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

Figures 3.1 and 3.2 show that Harambee House’s data has remained consistent. This data shows the stability of the program. Figure 3.1 has consistently remained at 100% over the last year and a half. Figure 3.2 shows that in early in Q2 2021, the number of clients who maintained housing for 12 months or longer dropped to 14 due to circumstances outside of the program’s control in which they lost two clients. Overall, Harambee House’s constancy helps create the stable environment that makes it a great program for their residents.



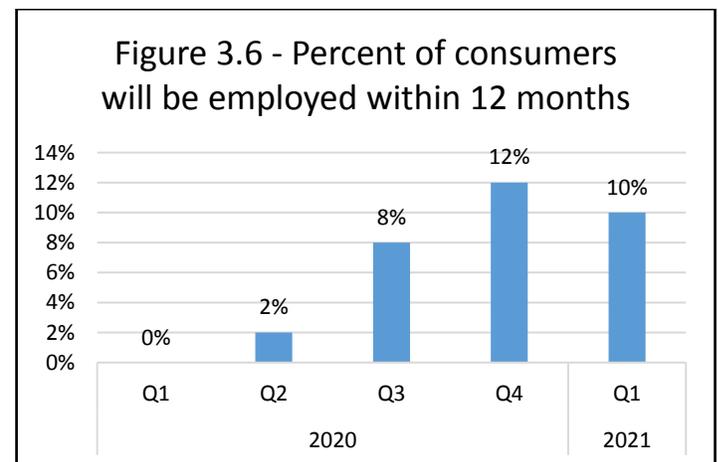
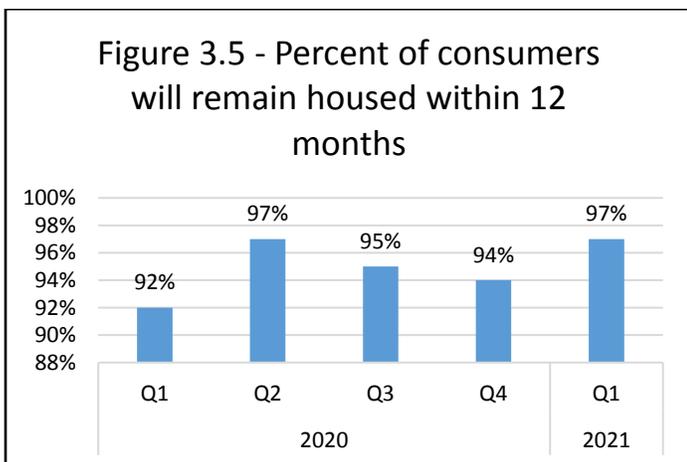
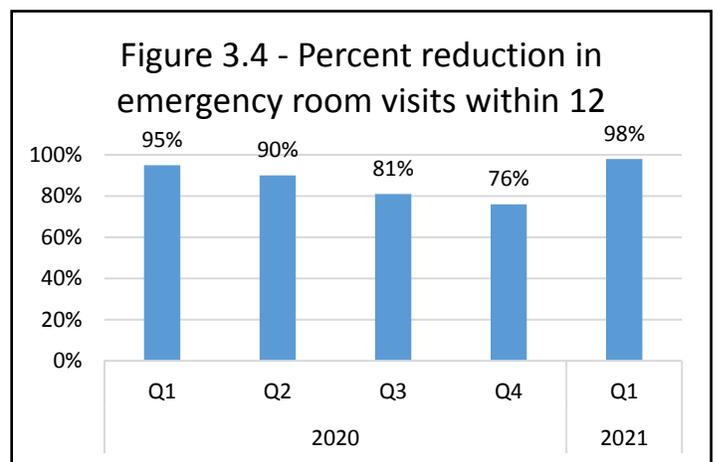
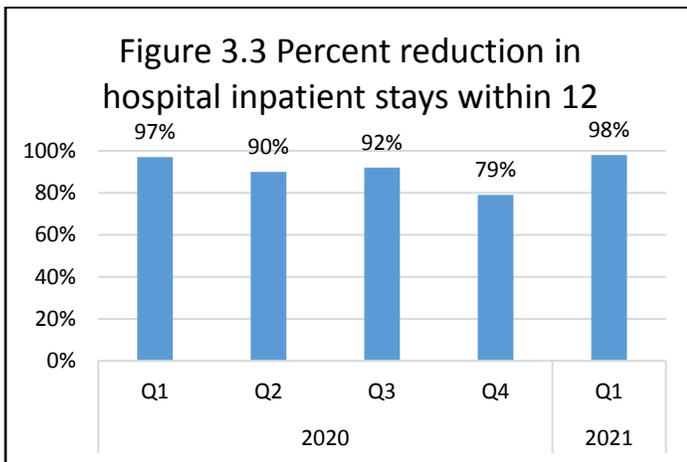
Health Homes Housing

The outcome measures for Health homes Housing are:

- 30% reduction in hospital inpatient stays within 12 months
- 30% reduction in emergency room visits within 12 months
- 80% of consumers will remain housed within 12 months
- 10% of consumers will be employed within 12 months

The historical data for Health Homes Housing’s outcome measures is shown in Figures 3.3 – 3.6. Similarly to other the programs, Health Homes Housing (HHH) was effected by COVID-19. Despite the pandemic, HHH worked to remain fairly steady during 2020. Their metrics decreased slightly for Figures 3.3 through 3.5 during 2020, but they have returned to, or surpassed, their pre-pandemic numbers.

The pandemic significantly impacted the employment numbers. Figure 3.6 shows the percent of consumers who were employed within 12 months had significantly increased from 2020 into 2021. The staff with HHH are working to identify consumers who have shown an interest in employment and are working on getting those individuals employed. Their grant’s goal is to have 10% of consumers employed within 12 months. Over the last year, they have steadily increased the percentage of consumers who were employed 12 months into the program.



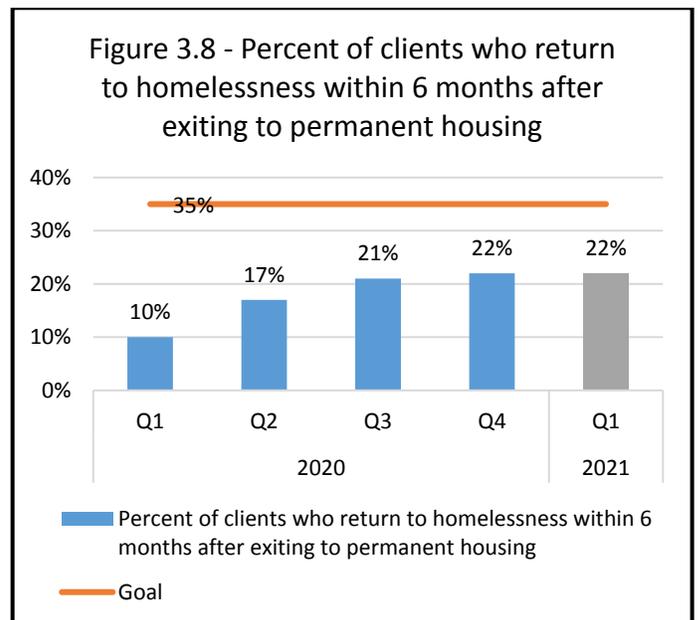
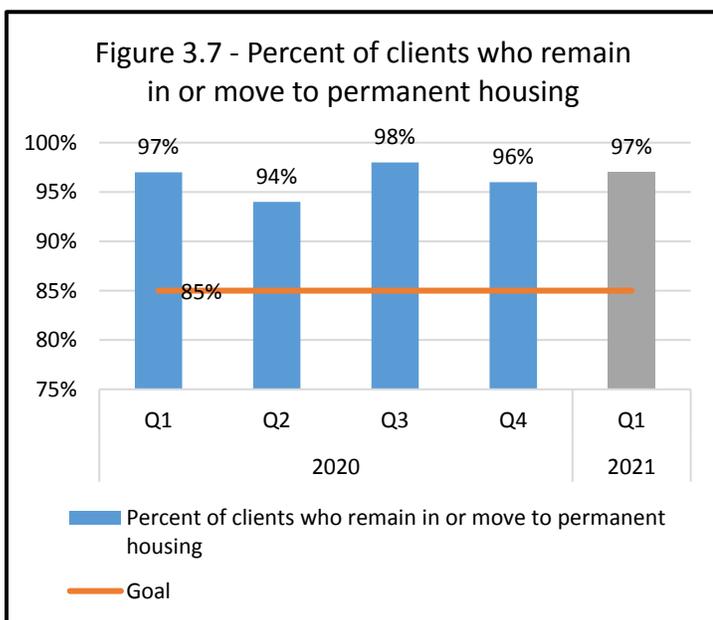
Homeless Supportive Housing

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

Figure 3.7 shows a small dip in Q2 for the percent of clients who remain in or move to permanent housing due to COVID-19. With that exception, the percentage for that measure has remained consistent with only small fluctuations from quarter to quarter. The COVID-19 pandemic exacerbated people's mental health and it impacted the numbers for Homeless Supportive Housing's outcome measures. As Figure 3.8 shows, the percent of clients who return to homelessness within 6 months after exiting to permanent housing has steadily increased throughout 2020 and into Q1 of 2021. Despite the increase, they still remained significantly below their goal of keeping the percent of client who return to homelessness under thirty-five percent.



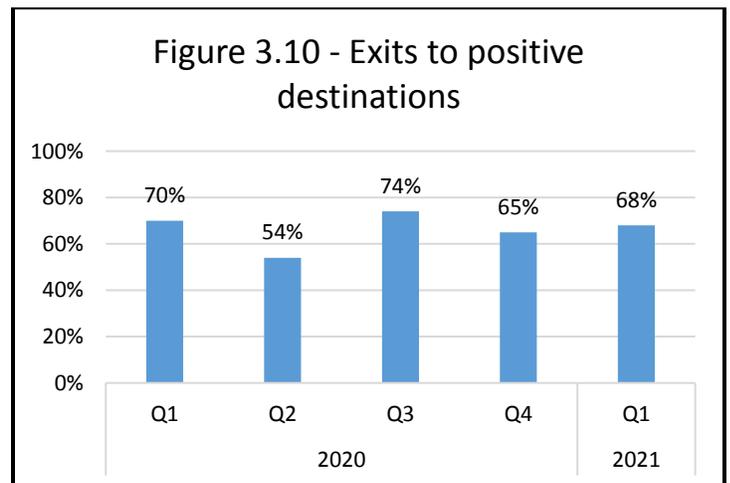
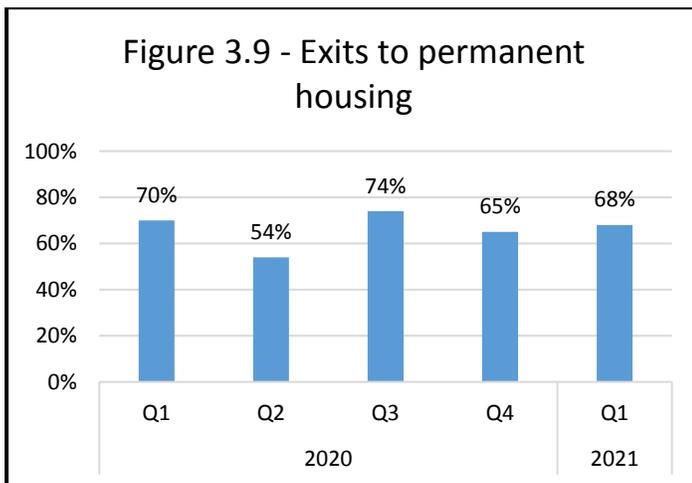
Homeless Outreach

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 3.9 and 3.10 show the exits to permanent housing and exits to positive destinations. For both outcome measures, there was a dip in the second quarter of 2020 due to COVID-19, but they jumped back up again for the third quarter. Despite another small dip in Q4, their numbers are beginning to rise again. Just like many other programs, COVID-19 impacted their data, especially in the second quarter and with COVID-19 spiking again at the end of 2020, the decrease in these measures is understandable. With the rise of vaccination numbers and the decrease number of COVID-19 cases, hopefully these measures continue to rise over the next few quarters.



Lighthouse

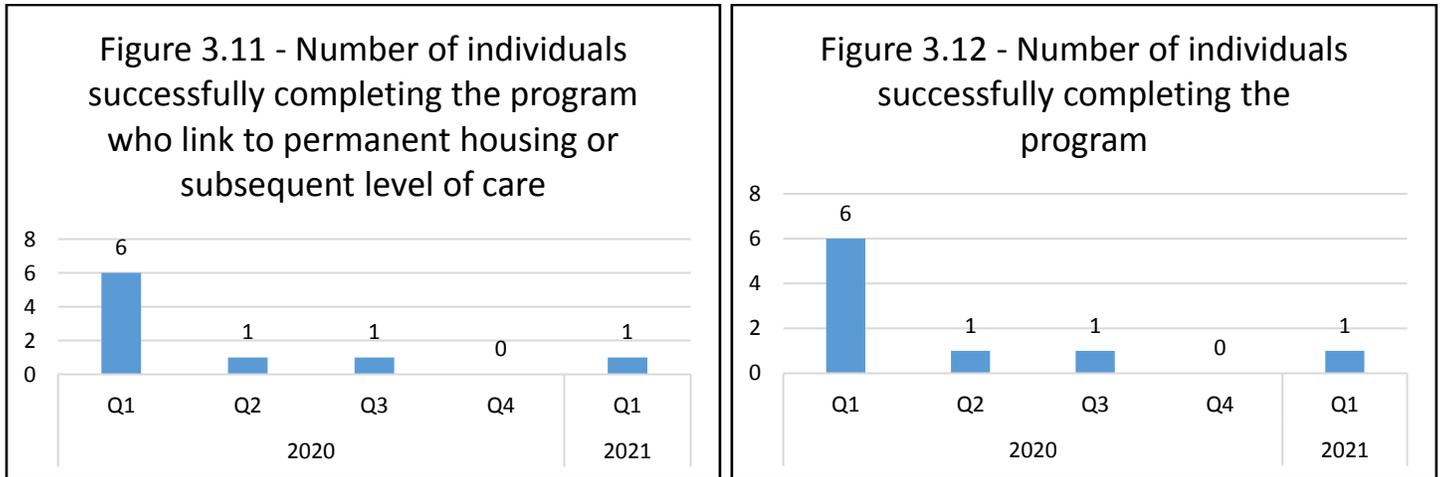
BestSelf Behavioral Health's Lighthouse program was created to provide specialized services to pregnant and/or parenting women with substance use disorders in an integrated setting that allows them to remain with their children throughout treatment. The program addresses both substance abuse and parenting to assist women in becoming healthy parents.

Lighthouse's outcome measures are:

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

Like most other programs, the COVID-19 Pandemic significantly affected the Lighthouse program. In 2020, their census decreased to 10-12 clients. Before the pandemic, they were able to provide services to 20-22 clients. In 2020, they did not have many referrals and many women chose to leave the program early because of the Pandemic. Due to the decrease census, the number of women that completed the program decreased significantly from Q2 through Q4 of 2020.

Figures 3.11 and 3.12 show the impact COVID-19 had on their outcome measures. In Q2 and Q3 they only had one client per quarter complete the program and linked to permanent housing and in the last quarter, no clients met either metric. In 2021, the number of residents has begun to rise. In the first quarter, they had increased intakes and currently have 18 residents. With the increase in clients, the Lighthouse is hopeful that they will see these metrics begin to rise over the next few quarters.



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.

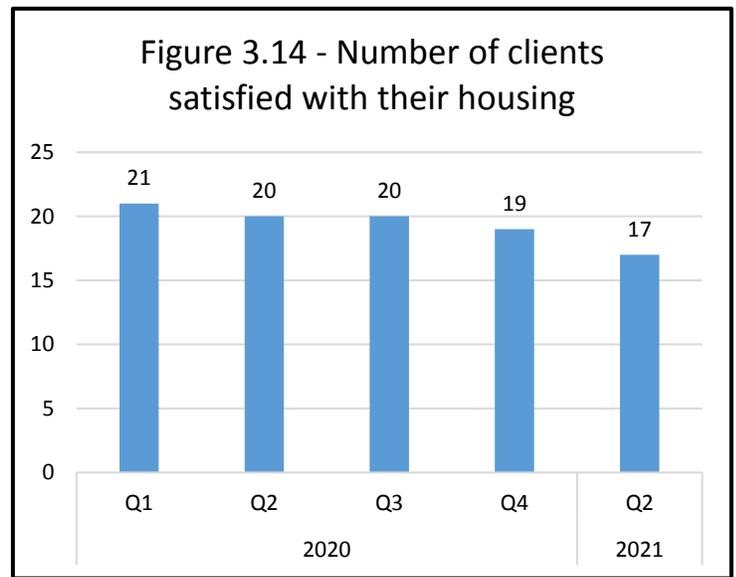
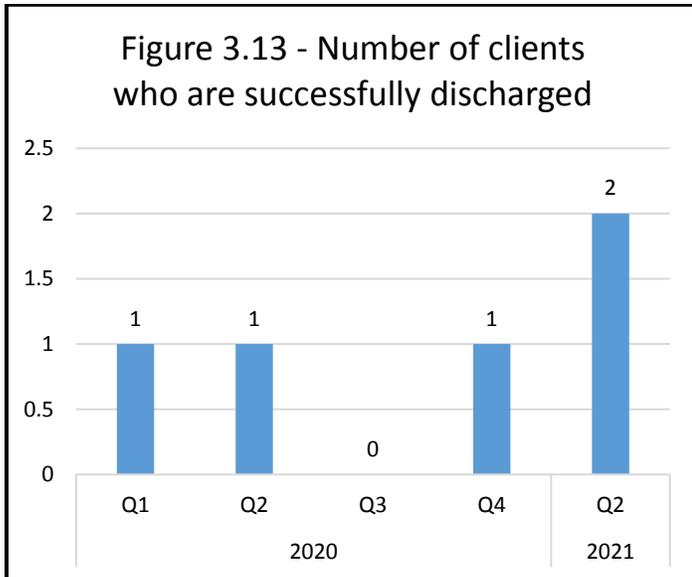
The following data represents BestSelf's OASAS MRT program. BestSelf is working to integrate the housing programs and determine outcome measures that represent all the housing programs.

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 3.13 and 3.14 show the number of clients for the SUD Housing program, specifically OASAS MRT, who were successfully discharged and who were satisfied with their housing. The number of clients successfully discharged, represented in Figure 3.13, shows that on average, one client is discharged quarterly in OASAS MRT. Although COVID-19 impacted most programs, the satisfaction of the clients has remained consistent. Going forward, not only will we collect the data, we will also collect the total number of clients in the program so we can calculate the percentage of clients who

were satisfied with their housing. Overall, the SUD Housing programs have seen great success and have seen a great amount of expansion in the last few years.



Housing Integration

Over the last couple of years, the housing programs have work to integrate their services. Although there are numerous funding sources for the housing programs which previously caused BestSelf to look at them as separate programs, Kelly Dumas, Tye Pope, and Eric Weigel, alongside their PDs, have worked to integrate the programs. This integration will hopefully decrease confusion and allow for a better understanding of the programs and what they do.

When it comes to their outcome measures, when reevaluating their measures, these will also be integrated to represent their newly integrated programming.

IV. Quality Improvement Projects

Vaccinations

In the first quarter of the year, BestSelf teamed with the Office of Mental Health to coordinate vaccination clinics for consumers and BBH staff. Lower West Side, Abbott, and North Collins each hosted two clinics and Abbott OTP hosted one. Chris Chavez and the Quality Improvement department worked with the staff at each site to develop workflows to ensure smooth operations for OMH. In total, 260 people, both clients and staff, were vaccinated through OMH.

Figure 4.1 shows the breakdown of the clients who were vaccinated by BestSelf, both through OMH and through our own independently run clinics. 251 clients have been fully vaccinated through BestSelf. Figure 4.2 shows the number of staff who have reported receiving the vaccine. This effort was headed by Chris Chavez, the Quality Improvement Manager, who coordinated vaccination opportunities that were available to staff. As of the end of April, 425 staff reported being fully vaccinated.

BestSelf has recently received our own shipment of doses and are currently running vaccination clinics at 1050 Niagara and Abbott Corners.

Figure 4.1 – Consumer COVID-19 Vaccination Report

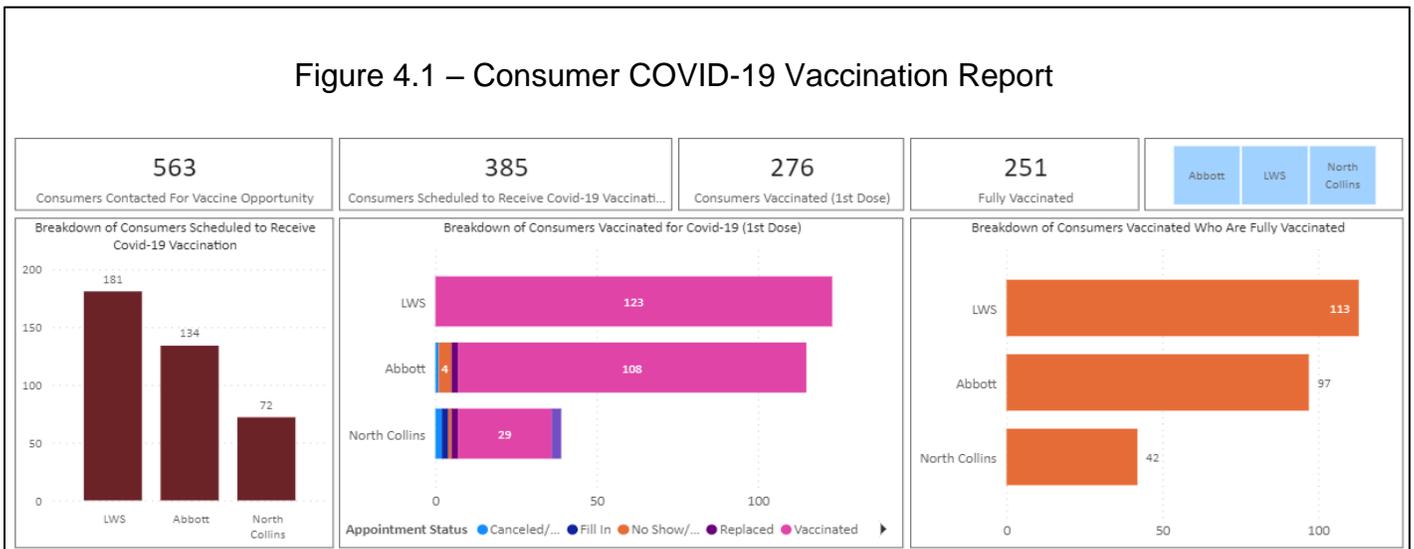
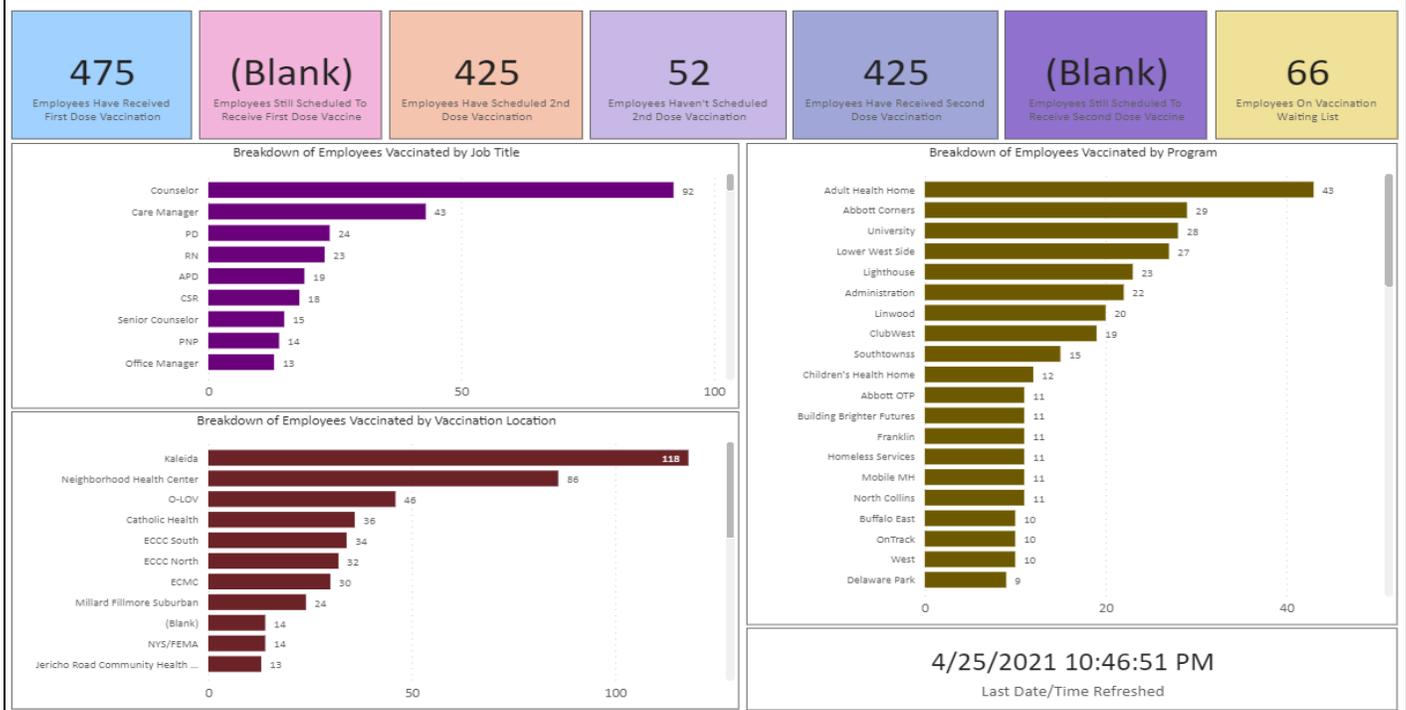


Figure 4.2 – Staff COVID-19 Vaccination Report



Prescriber Optimization

One of Quality Improvement’s new 2021 QI Projects is the Prescriber Optimization Project. This project focuses on the workflows and processes of BestSelf’s prescribers. With the growth of the agency, there are more medical staff at BestSelf than ever before. This project was proposed by Dr. Young due to the success of the Nursing Optimization project and we hope to identify the processes that we can develop best practice workflows for.

In the first quarter of 2021, QI formed a Prescriber Optimization Steering Committee to determine the scope of the project, as well as conducting a number of focus groups to hear from the prescribers. Throughout the initial phases of this project, it was determined that the project should focus on the process in which prescribers see new patients, standardizing scheduling practices amongst the locations for prescribers, and the communication between prescribers and clinicians.

QI will be conducting two more focus groups on June 9th and 10th to work with the prescribers to develop best practice processes and workflows to begin the continuous improvement process.

This project is still in the early stages and will progress throughout 2021.

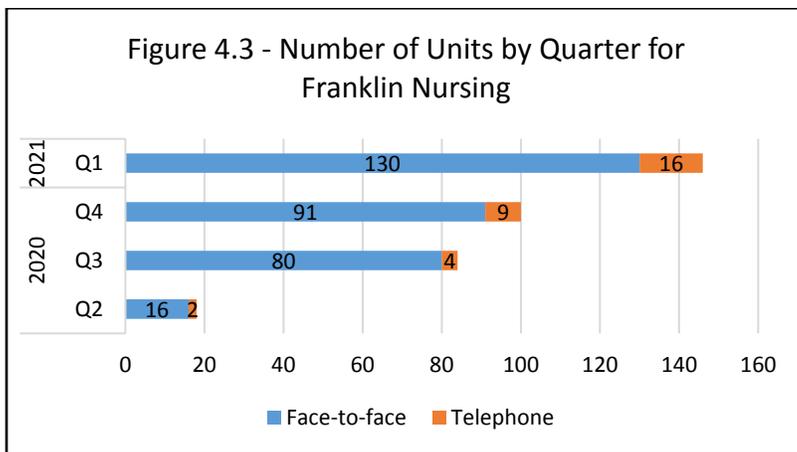
Nursing Optimization

The Nursing Optimization project continued into 2021. The Nursing Optimization project was developed to ensure the Nurses were working to their highest licensure. Previously, it was identified that many BestSelf RNs were not being utilized to their highest potential. During the last year, QI

worked with the nursing staff and Nursing Optimization Steering Committee to identify tasks that took up a large portion of the RN’s time, but that could be completed by someone else. The two tasks that were identified as taking up the most time, but which could be completed by another staff member were prior authorizations and monitoring the med line/medication refills. It was determined that these tasks could be completed by a Medical Assistant. In late 2020, a pilot project was developed in which a Certified Medical Assistant was hired at Franklin to complete these two tasks.

Figure 4.3 shows the success of hiring a Certified Medical Assistant (MA) at Franklin Counseling. The MA was hired in October 2020 and although David Marciniak’s units were gradually increasing naturally from Q3 to Q4, there was a forty-six percent increase in the first quarter of 2021 in comparison to the last quarter of 2020.

With the success of the Certified Medical Assistant at Franklin Counseling, the pilot is expanding to Sweet Home. Sweet Home hired a new Certified Medical Assistant in the first quarter of 2021 and the employee will start in mid-May. Just like at Franklin Counseling, the MA’s role will be to complete prior authorizations and med refills at the location to take those duties off the RNs. The success of this pilot will be measured through the RNs’ ability to see more clients during the times they previously would have completed these tasks. The data for Sweet Home will be evaluated in the coming quarters to measure the success of the project.



Value Based Payment HEDIS Metrics

BestSelf is one of the founding partners of Value Network, our Independent Practitioner Association (IPA). One of the goals of the IPA is to identify potential value based payment opportunities. Value based payment projects allows BestSelf to work with insurance companies in identifying area for improvement that allow for potential payment opportunities between the insurance company and the provider. In 2021, BestSelf is continuing to work with Highmark Blue Cross Blue Shield on the following quality HEDIS metrics:

1. Antidepressant Medication Maintenance (AMM)

Description of the Measure

Clients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Rates Reported for Measure

Effective Acute Phase: The percentage of clients who remained on an antidepressant medication for at least 84 days (12 weeks)

Effective Continuation Phase: The percentage of clients who remained on an antidepressant medication for at least 180 days (6 months).

2. Follow-Up After Hospitalization for Mental Illness – 7 day follow-up visit (FUH)

Description of the Measure

Percentage of discharges for members 6 years of age or older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm who had a follow-up with a mental health provider.

Rates Reported for Measure

The percent of discharges for which the member received a follow-up within 7 days after discharge.

3. Follow-Up After ED Visit for Alcohol & Other Drug Dependence – 7 day follow-up visit (FUA)

Description of the Measure

Percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who have a follow up visit for AOD.

Rates Reported for Measure

The percentage of ED visits for which the member received follow-up within 7 days of ED visit (follow-up may be held day of discharge, 8 days total)

4. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) – Initiation Phase

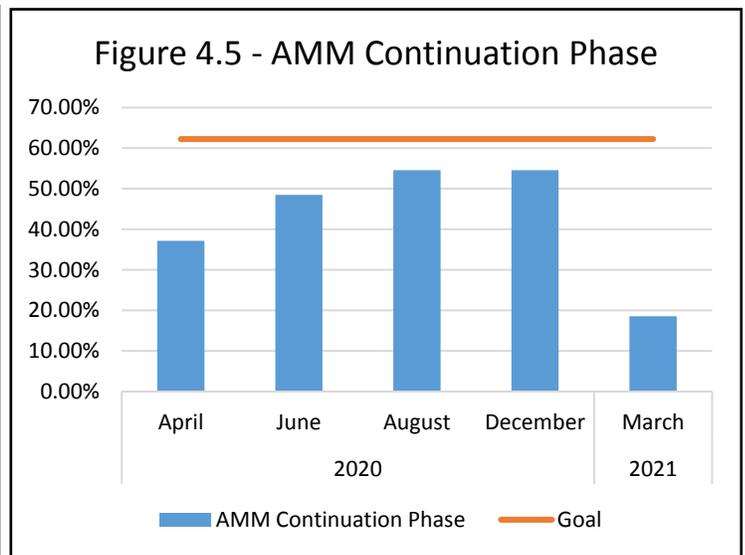
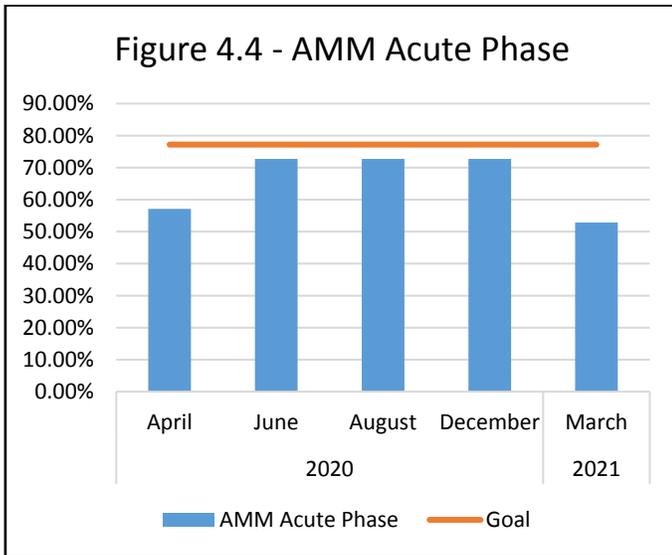
Description of the Measure

Percent of adolescent and adult members 13 years of age and older with a new episode of alcohol or other drug treatment (ADO) abuse or dependence who received initiation and engagement of treatment.

Rates Reported for Measure

The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.

BestSelf has been working on the AMM measure since March 2020. In 2020, BestSelf asked counselors to follow-up with clients with Major Depressive Disorder (MDD) who were prescribed antidepressant medications to ensure they were picking-up and taking any medications they were prescribed. This has had a positive impact, but unfortunately, we have yet to be able to identify all clients who fall in this measure due to the potential of their MDD diagnosis or antidepressant prescription coming from their PCP or another source. We plan to utilize HealthLink data to identify clients who we may have an MDD diagnosis from other practitioners. Although we saw an initial increase in both phases of the measure, BestSelf has leveled out in these measures at the end of 2020. Initial data for 2021 shows a decrease in the measure, however the continuation phase will increase naturally as time goes on as the measurement year has restarted and many clients have not been on their antidepressant medication for 6 months yet.



Historically, BestSelf has done well with the FUA and FUH measures due to the excellent work of our staff. We will continue to monitor those two measures.

In 2021, we are looking closer at the IET measure. Therefore, Quality Improvement is choosing to expand the focus of the Quality Metrics VN project to include workflows and process improvements for each of the measure to ensure we meet these metrics and best practice standards.

New High Utilizer Pilot

BestSelf is taking part in the Value Network High Utilizer Pilot Project. This project identifies 50 clients from both Highmark Blue Cross Blue Shield and Monroe-Molina who used at least \$20,000 of services in a yearlong period. Value Network proposed this project to the insurance companies with the hope that due to the frequency in which we see our clients and the trust we have built, we can impact their utilization of services through targeting gaps in care for each client.

The Monroe-Molina pilot will run from 1/1/21 through 12/31/21 and the Highmark Blue Cross Blue Shield pilot will run from 4/1/21 through 3/31/22.

For the High Utilizer Pilot, BestSelf will focus on any gaps in care for the following measures:

- Follow-Up After Hospitalization for Mental Illness – 7 day follow-up visit (FUH)
- Follow-Up After ED Visit for Alcohol & Other Drug Dependence – 7 day follow-up visit (FUA)
- Alcohol, Other Drug Dependence Tx (IET) – Initiation Phase
- Adults' Access to Preventive & Ambulatory Health Services (AAP)
- Controlling Blood Pressure (CBP)
- Preventive Care Screening: Influenza Immunization CMS 147 v9 – Not a HEDIS metric
- Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (> 9%) – Not a HEDIS metric

V. Acknowledgements

In the first quarter of 2021, the efforts of many people went into the success of our quality improvement projects.

Thank you to Chris Chavez for his diligence in the coordination of BestSelf's vaccination efforts. Chris and Quality Improvement would like to thank the teams at Lower West Side, Abbott, North Collins, and 1050 Niagara for their help assisting and hosting the vaccination clinics.

For their help with the vaccine clinics, QI would like to thank Carl Turner, Johanna Vellon, Stacie Capozzi, Regina Askin and their teams. QI would also like to thank the Floating CSRs who worked the clinics: Kaitlin Tachibana, Hayden Penn, and Kellie Nowak.

Thank you to Sara Suleski and Claire Haumesser for their assistance in the coordination of the Abbott vaccination clinic and to Clement Nsiah for assistance during the process, workflow development, and the data collection.

The vaccination clinics would not have been possible without the nurses who helped coordinate and administer the vaccines. In particular, QI would like to thank Jim Butcher, David Marciniak, and Delise Jackson for leading the nursing team and the BestSelf vaccination clinics.

Thank you to Alysa Hudson for her help with the development of the QI SharePoint page, as well as her work at moving QI agency resources into the new Resource Center on SharePoint.

QI would like to thank all who helped with policies and procedures during the first quarter, especially Eric Weigel, Andre Stokes, and Brad Hamm for their help with the development of their programs' policies and procedures.

Thank you to Kristie Wallgren, the Certified MA at Franklin, for her hard work, which showed the potential of the continuation of the Certified Medical Assistant pilot project for Nursing Optimization. In addition, thank you to David Marciniak and Jim Butcher for your continued advocacy of the project. Thank you the team at Sweet Home for the willingness to take on the next pilot process for the Nursing Optimization project.

Quality Improvement would like to thank all the prescribers who participated in the kick-off focus groups. Getting insight from front-line staff is invaluable and we appreciate your willingness to participate in the quality improvement process.

Thank you to Mike Edinger for his patients with gathering data for the latest OMH Audit.

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!

Quality Improvement Team Members

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Clement Nsiah	Director of Population Health
Anne Dernbach	QI Coordinator
Chris Chavez	QI Manager
Claire Haumesser	QI Project Assistant
Carol Hunt	QI Coordinator
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 store’s this information in the Resource Center on SharePoint.

<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.

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