

Performance and Quality Improvement 2021 Annual Report



Caring for individuals, families and the community.

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 a variety of services, including homeless services, substance use disorder treatment, mental health treatment, after school programming, and mobile community counseling.

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 year by transparently providing data.

The PQI Annual Report shows not only 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 2021.

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. 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 isn’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

Figures 3.1 – 3.5 show the demographic breakdown for BestSelf Behavioral Health’s consumers in 2021. The following demographic data was collected from BestSelf’s Electronic Medical Record (EMR) and consist of consumers whose charts are housed in the EMR including consumers from the following services: CCBHC clinics, Assertive Community Treatment (ACT), the Child Advocacy Center (CAC), Club West, Homeless Services, the Lighthouse, Personalized Recovery Oriented Services (PROS), the Recovery Community, additional SUD services, and Vocational services.

Figure 3.1 shows the age demographics for BestSelf’s consumers. BestSelf serves consumers from childhood through adulthood. Nineteen percent of consumers are children between the ages of 0 and 17. Clients between the age of 18 and 25 make up 14% of BestSelf consumers. The majority of BestSelf’s consumers are between the ages of 26 and 64.

Figure 3.2 shows the Ethnicity breakdown of BestSelf consumers between Hispanics and non-Hispanics. Fifteen percent of BestSelf’s clients identified themselves as Hispanic or Latino. While the remaining 85% identified themselves as not Hispanic or Latino. Figure 3.3 shows the gender breakdown of BestSelf clients. Fifty-seven percent of BestSelf’s consumers identify as female and 43% identify as male.

Figure 3.4 shows that although BestSelf’s consumers speak over 20 languages, the primary languages of English, Spanish, and Arabic make up 99% of our clients’ primary languages. Ninety-one percent of BestSelf clients speak English as their primary language with 6% primarily speaking Spanish and 2% Arabic. The other 1% is split between multiple other languages.

The racial breakdown of BestSelf’s clients is shown in Figure 3.5. The most common races for BestSelf clients are Caucasian, African-American, and Multi-Racial. Sixty-eight percent of BestSelf’s clients are Caucasian, 17% are African-American, and 9% are Multi-Racial. As figure 2.5 shows, the other 6% is split between Asian, Hawaiian or Pacific Islander, American Indian, or unknown.

Figure 3.1 - 2021 Age Demographics

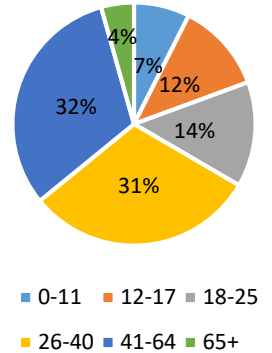


Figure 3.2 - 2021 Ethnicity Demographics

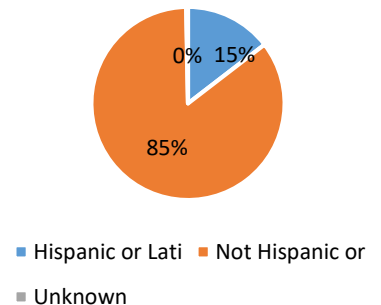


Figure 3.5 - 2021 Race Demographics

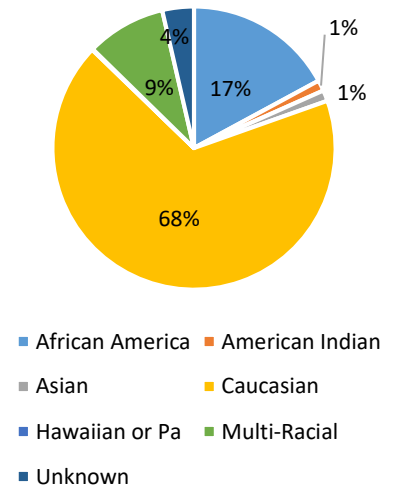


Figure 3.3 - 2021 Gender Demographics

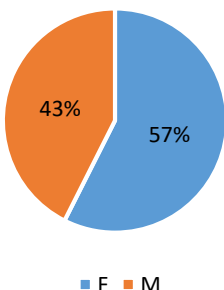
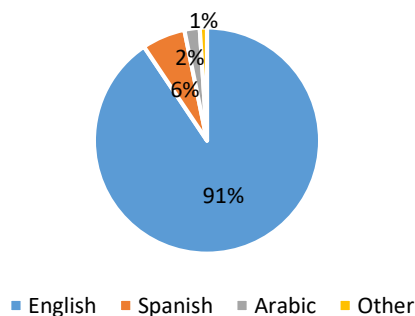


Figure 3.4 - 2021 Language Demographics



IV. Program/ Department Outcome Measures

Annually, the Vice President of Quality Improvement and Accreditation or the QI Manager 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 and areas with recognized need for improvement. Not every BestSelf program is represented in this report. The VP of Quality Improvement and Accreditation in conjunction with the Vice Presidents and Program Directors have completed the annual review of the program/department outcome measures for 2022.

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 metrics for ACT are:

- Decrease hospitalizations by 5% in comparison to the same quarter of the previous year.
- Decrease ED visits by 5% in comparison to the same quarter of the previous year.

Figure 4.1 shows Emergency Department (ED) visits for ACT clients over the course of 2021. When comparing ED visits per quarter to the previous year, Figure 4.1 shows there was consistent improvement. The only quarter where there were more ED visits in 2021 than 2020 was Q2. Despite the slight increase in Q2, the ACT programs were able to decrease their ED events significantly again in Q3 and Q4. Their success is especially evident in Q4 with only 79 events in 2021 and 198 in Q4 2021. This is a decrease of over 150%.

Figure 4.2 shows the hospitalizations for ACT consumers in 2021. When looking at the comparison of each quarter to the same time frame in 2020, there was consistent improvement in the percentage changed each quarter. In Q1, the number of hospitalization events increased by 10%. It remained the same in Q2. By the third quarter, the ACT hospitalizations were trending down with a decrease of 34.1% in Q3 and a decrease of 79.3% in Q4.

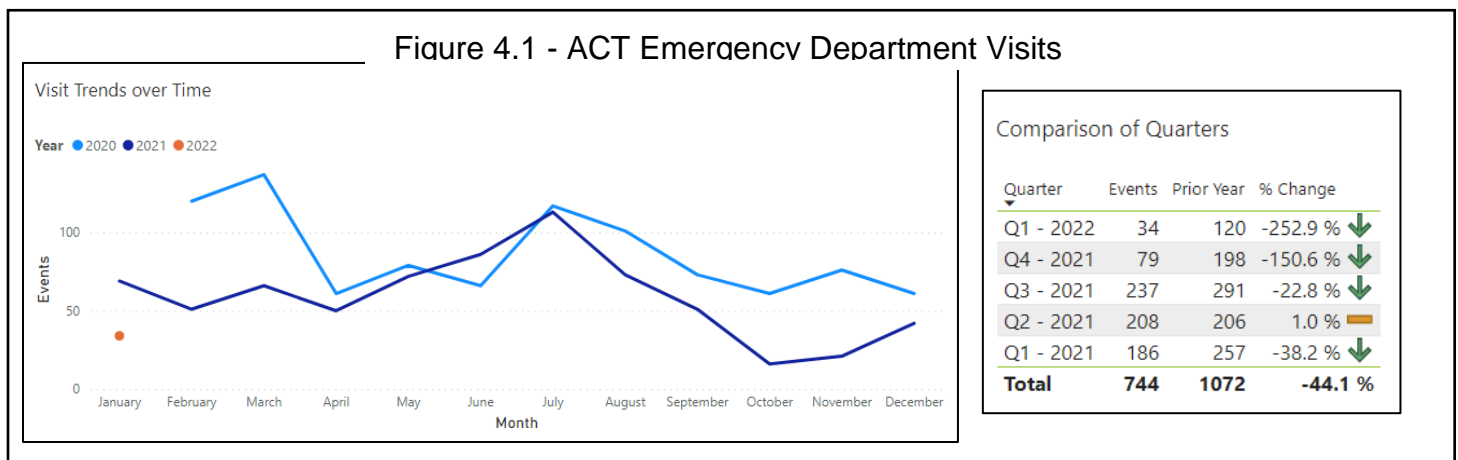
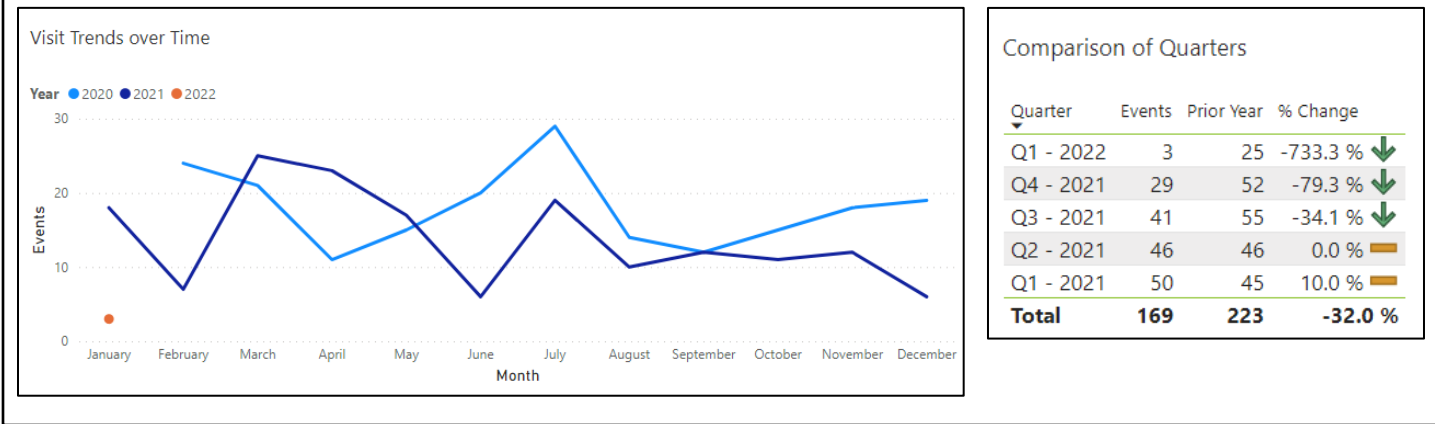


Figure 4.2 – ACT Hospitalizations



Child Advocacy Center (CAC)

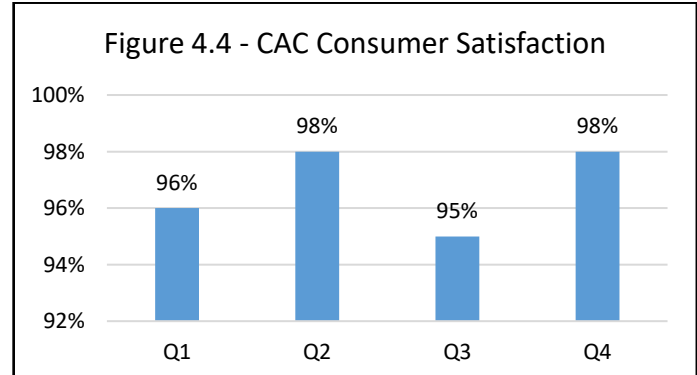
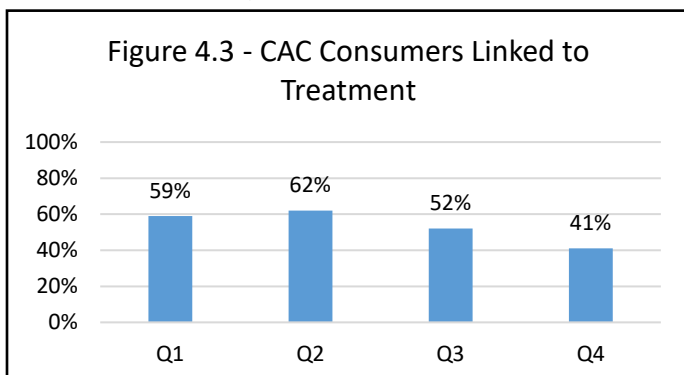
The Child Advocacy Center (CAC) at BestSelf is an innovative comprehensive center offering safety, support, and a healing place for children and families affected by trauma and abuse in Erie County. The CAC incorporates Erie County's Multi-Disciplinary Team (MDT), which has representation from professionals 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 outcome metrics for the CAC are:

- The number of consumers successfully linked to treatment
- The number of consumer satisfaction

Figure 4.3 shows the percent of consumers successfully linked to treatment. Over the course of 2021, the percent of consumers successfully linked has decreased from a high of 62% in Q2 to only 41% in Q4. The CAC has experience staff turnover that have impacted this data. Families have also been hesitant to link to treatment amid the COVID-19 pandemic. With new staff joining their ranks, the CAC is working on training new staff to explain the benefits of treatment and elicit buy-in from families who are declining the linkage.

Figure 4.4 shows consumer satisfaction. This data is pulled from satisfaction surveys conducted with consumers at the CAC. The CAC has previously looked at specific questions on the satisfaction survey, but chose to look at overall satisfaction to conclude 2021. The satisfaction numbers have consistently remained in the high nineties which show that consumers are happy with the services they are receiving and find them valuable.



Harambee House

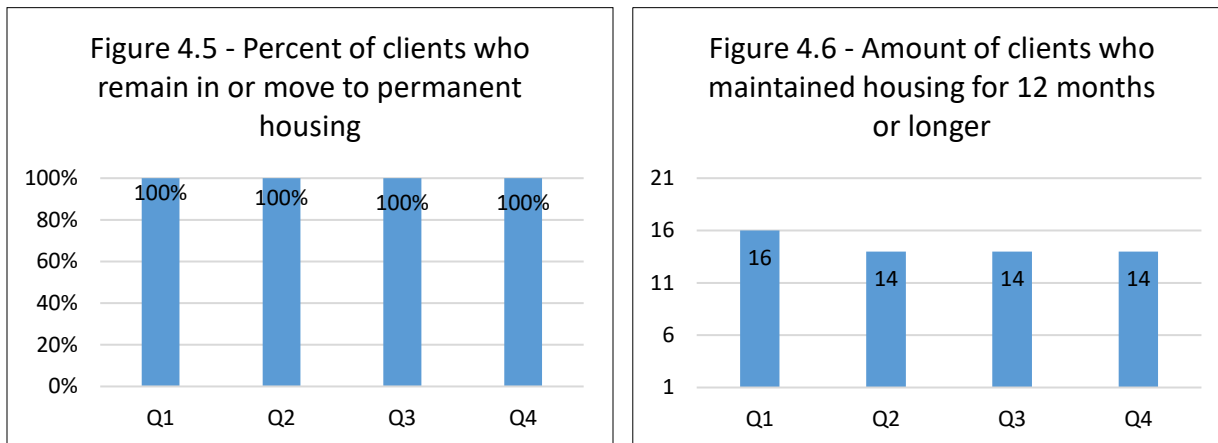
Harambee House is a residential facility that provides single-occupancy, permanent housing to chronically homeless individuals diagnosed with mental disorders who are eighteen years of age and over. The program was developed through HUD funding as a safe haven project, and adheres to the housing first 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
- Amount of clients who maintained housing for 12 months or longer

Figure 4.5 shows the percent of clients who remain in or move to permanent housing. Because Harambee House is long term housing for most of the consumers who live there, this metric has remained at 100% throughout 2021. Figure 4.6 shows the amount of clients who maintain housing for 12 months or longer. They had a decrease from Q1 to Q2. From Q2 through the end of 2021, the amount of clients who maintained housing for 12 months or longer has remained consistent.

Over the last two years, these numbers have done consistently well and show the success of Harambee House's model and staff's dedication to the consumers of the program.



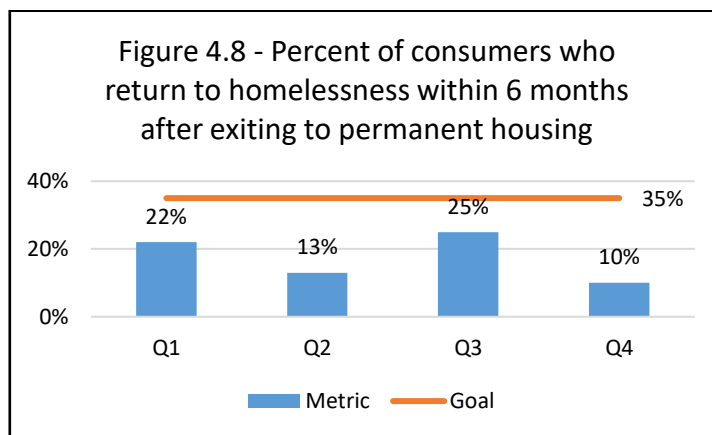
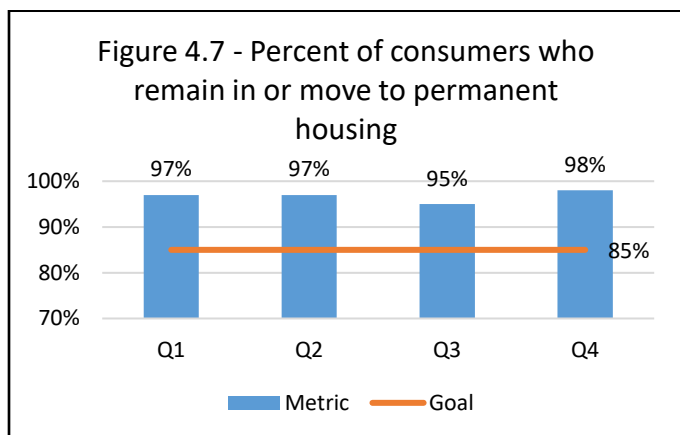
Homeless Supportive Housing

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 Homeless Supportive Housing outcome measures were:

- Percent of consumers who remain in or move to permanent housing
- Percent of consumers who return to homelessness within 6 months after exiting to permanent housing

Figures 4.7 and 4.8 show the success the Homeless Supportive Housing program has had with these outcome measures throughout 2021. Figure 4.7 shows that throughout 2021, BestSelf's Homeless Supportive Housing program has been successful in helping consumers maintain or move to permanent housing. The goal for this measure is 85% and they have consistently exceeded that goal in each quarter of 2021. Figure 4.8 shows the goal for the percent of consumer who return to homelessness within 6 months after exiting permanent housing is below 35%. The Homeless Housing program has also consistently met this goal with the highest amount falling in Q3 at 25%.

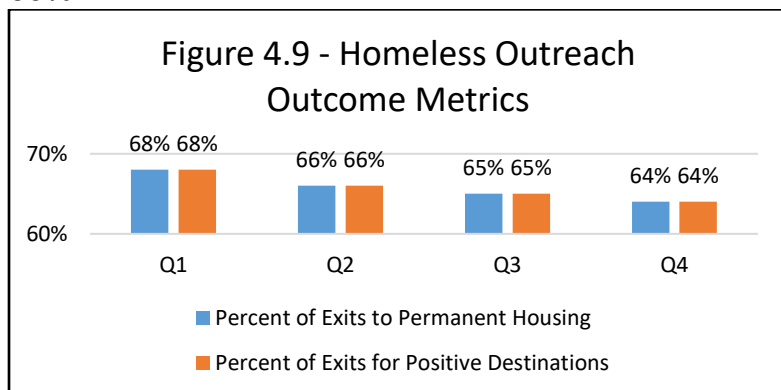


Homeless Outreach

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 2021 outcome metrics were:

- Percent of exits to permanent housing
- Percent of exits to positive destinations

Figure 4.9 shows the breakdown of exits to permanent housing and positive destinations for the Homeless Outreach measures. They both consistently remain in the mid to high sixties. Although this may seem low, the Homeless Outreach's data includes both BestSelf admitted clients, as well as individuals engaged in the outreach screening phase. Including the individuals in the outreach screening phase does not capture the true performance of the work done with the admitted consumers. If only the admitted consumers were captured in these metrics, both would be about 90%.



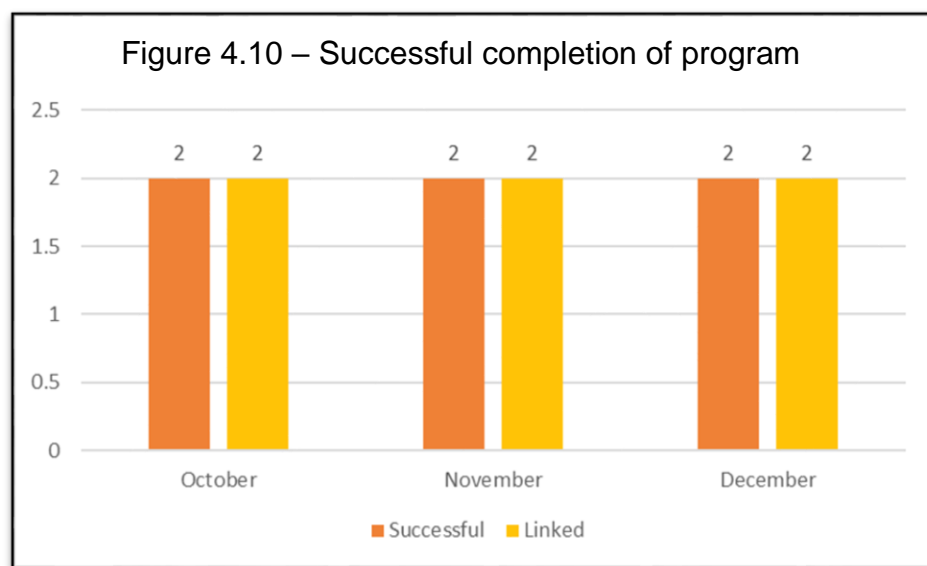
Lighthouse Women's Residents

The Lighthouse Women's Residence provides a supportive recovery environment for pregnant or parenting women and their children. We use a strength-based approach to treatment providing empowerment to live independent and substance free lifestyles.

The outcome measures for the Lighthouse are:

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

Due to a change in leadership, the outcome measures were only available for the final quarter of 2021. Figure 4.10 shows the outcome measures for the Lighthouse from October through December. What is evident is that all consumers who successfully complete the Lighthouse's programming were also linked to housing. This linkage is often one of the most difficult parts of discharging a client from the Lighthouse. Although the numbers look a little low, it should be noted that due to COVID-19, the Lighthouse needed to decrease the number of consumers they were allowed to service. They are currently working on increasing their numbers again.



OnTrack

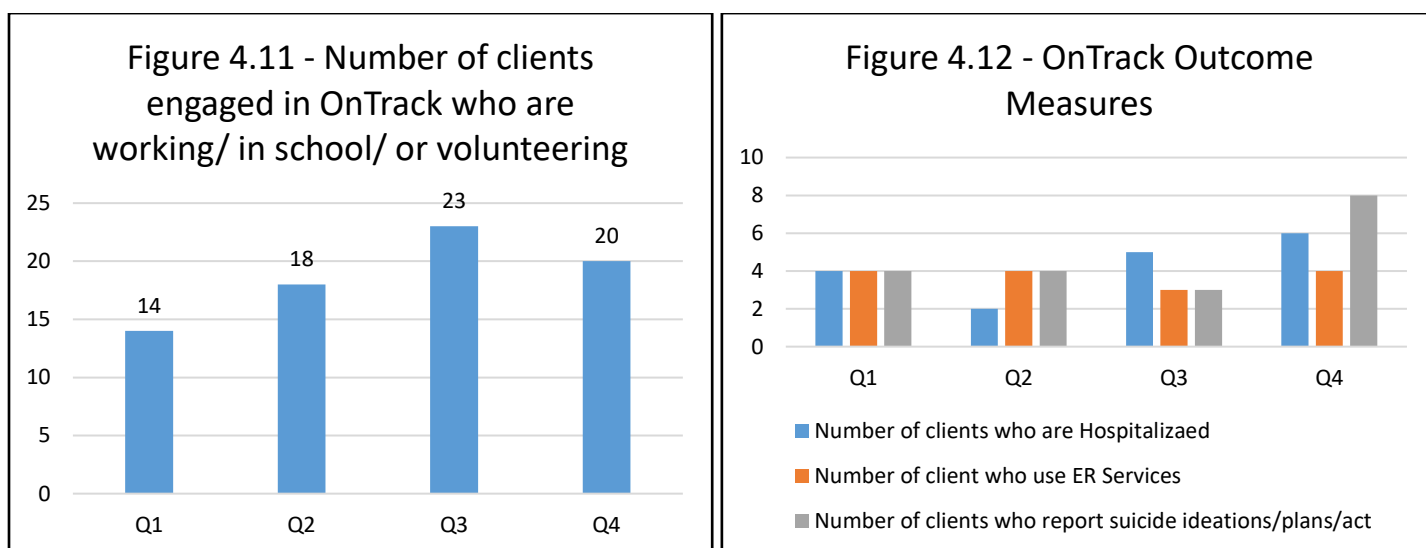
OnTrack@BestSelf is an innovative treatment program for adolescents and young adults who have recently had unusual thoughts and behaviors. Care and support services are provided from a specialized team that helps participants learn the skills they need to achieve their goals for school, work and relationships.

OnTrack's outcome measures in 2021 included:

- 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

Figures 4.11 and 4.12 show the data for OnTrack's 2021 outcome measures. Similar to other programs, OnTrack's data was significantly impacted by the COVID-19 pandemic. Challenges they faced over the last year included quarantine, Medicaid transportation limitations, technology challenges, and challenges returning to in-office services.

Figure 4.11 shows that as the year progressed and school switched from online classes to in-person, the number of clients participating in school increased. Despite COVID-19, OnTrack's outcome measures were also impacted by a number of internal factors, including changes in staffing, reduction in OnTrack staffing configuration, and increases in participant risk status.



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 Outcome measures are:

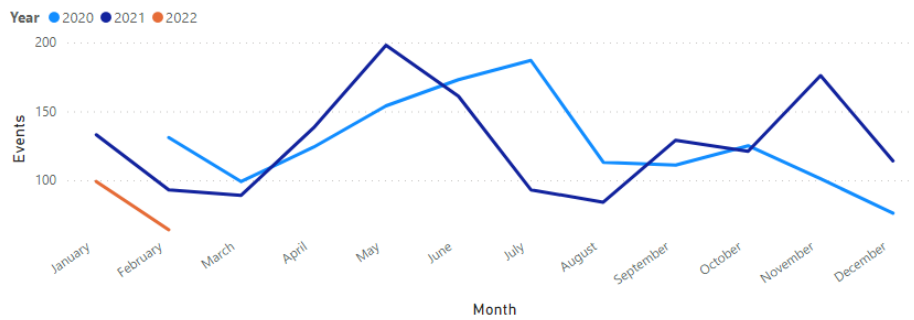
- Decrease hospitalizations by 5% in comparison to the same quarter of the previous year.
- Decrease ED visits by 5% in comparison to the same quarter of the previous year.

Figure 4.13 shows the PROS ED visits for 2021. The number of ED visits increased slightly in 2021 in comparison to 2020. Although they decreased in Q3, the other three quarters had a slight increase making the number of ED visits jump from 1,394 to 1,529. It should be noted that these are number of incidents, not the number of individuals. This means an outlier could significantly impact this data.

Figure 4.14 shows the number of hospitalization PROS consumers had in 2021. The number of hospitalizations significantly increased in 2021 from 2020. The largest increase occurred in Q1, with a 43% increase. In 2020, the number of hospitalizations were significantly impacted by COVID-19. Many consumers were fearful of going to the hospital due to the potential of exposure to COVID-19. This may be why the numbers look significantly higher in 2021 for both measures.

Figure 4.13 – PROS ED Visits

Hospital Event Trending over Time

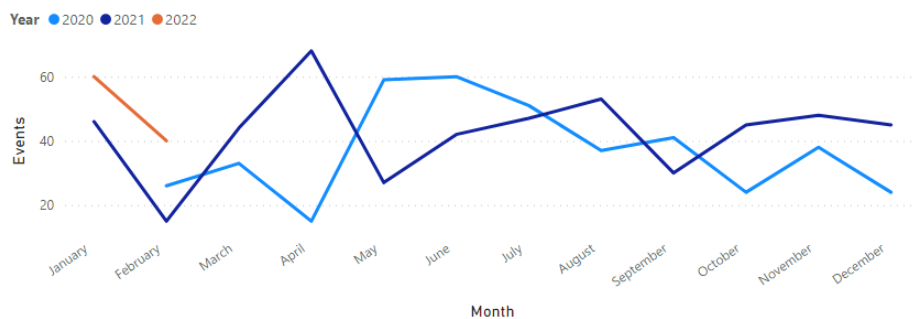


Hospital Events vs. Prior Year (Quarter)

Quarter	Events	Prior Year	% Change vs Last Year
Q1 - 2022	163	226	-38.7 % ↓
Q4 - 2021	411	302	26.5 % ↑
Q3 - 2021	306	411	-34.3 % ↓
Q2 - 2021	497	451	9.3 % ↑
Q1 - 2021	315	230	27.0 % ↑

Figure 4.14 – PROS Hospitalization Visits

Hospital Event Trending over Time



Hospital Events vs. Prior Year (Quarter)

Quarter	Events	Prior Year	% Change vs Last Year
Q1 - 2022	100	61	39.0 % ↑
Q4 - 2021	138	86	37.7 % ↑
Q3 - 2021	130	129	0.8 % ↑
Q2 - 2021	137	134	2.2 % ↑
Q1 - 2021	105	59	43.8 % ↑

Recovery Community

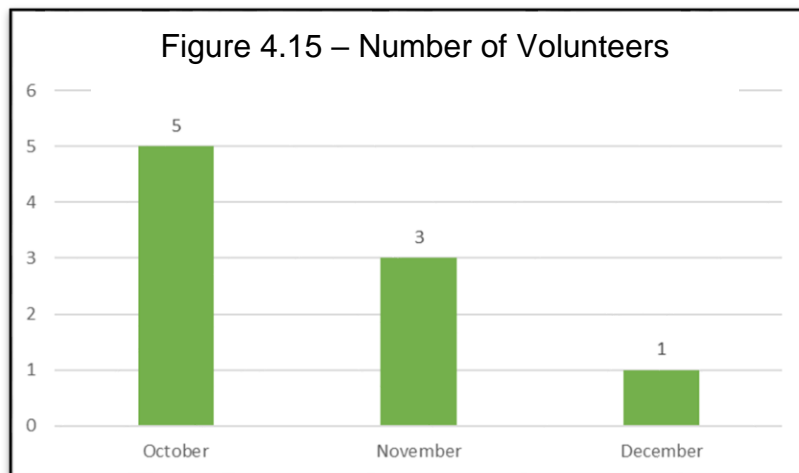
BestSelf Recovery Community was created to give people in all stages of recovery and their families, a safe and welcoming environment to reclaim their lives. The BestSelf Recovery Community takes a holistic approach to recovery, offering a wide range of personalized services to promote healthy lifestyles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

The outcome measures for the Recovery Community are:

- Increase the number of volunteers from previous consumers
- Perception of Care Surveys

The Recovery Community was significantly impacted by the COVID-19 pandemic. Because their service revolve around the Community Center, their participation and services decreased in 2020 and 2021. As Figure 4.15 shows, the number of volunteers has significantly decreased over the last few months of 2021. They are working to improve these numbers and are working to increasing volunteer involvement in early 2022.

They no longer gather the information from the Perception of Care surveys for their outcome measure and are choosing to adjust their second outcome measure to look at the number of returning consumers in 2022.



SUD Housing/ OASAS MRT

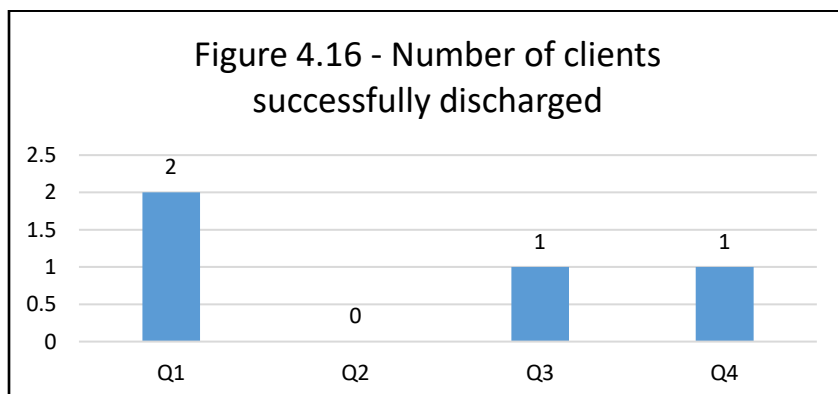
BestSelf Behavioral Health is committed to providing safe, affordable housing to those who are homeless or at imminent risk of becoming homeless and have a diagnosis of severe mental illness or substance use. This is accomplished through a variety of funding sources with a variety of requirements to 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.

OASAS MRT's Outcome measures are:

- Number of clients successfully discharged
- Number of clients satisfied with their housing

Figure 4.16 show the number of clients who were successfully discharged in 2021. They only had four people successfully discharged in 2021, but as a small program, their successes are important to note.

Previously, the satisfaction measure was collected using a Tenant Satisfaction Survey, however with employee turnover, as well as COVID-19, this has not been collected. It is the goal of the SUD Housing program to return to collecting the satisfaction data and they will be surveying consumers on their housing satisfaction biannually in 2022.



V. 2021 Quality Improvement Projects

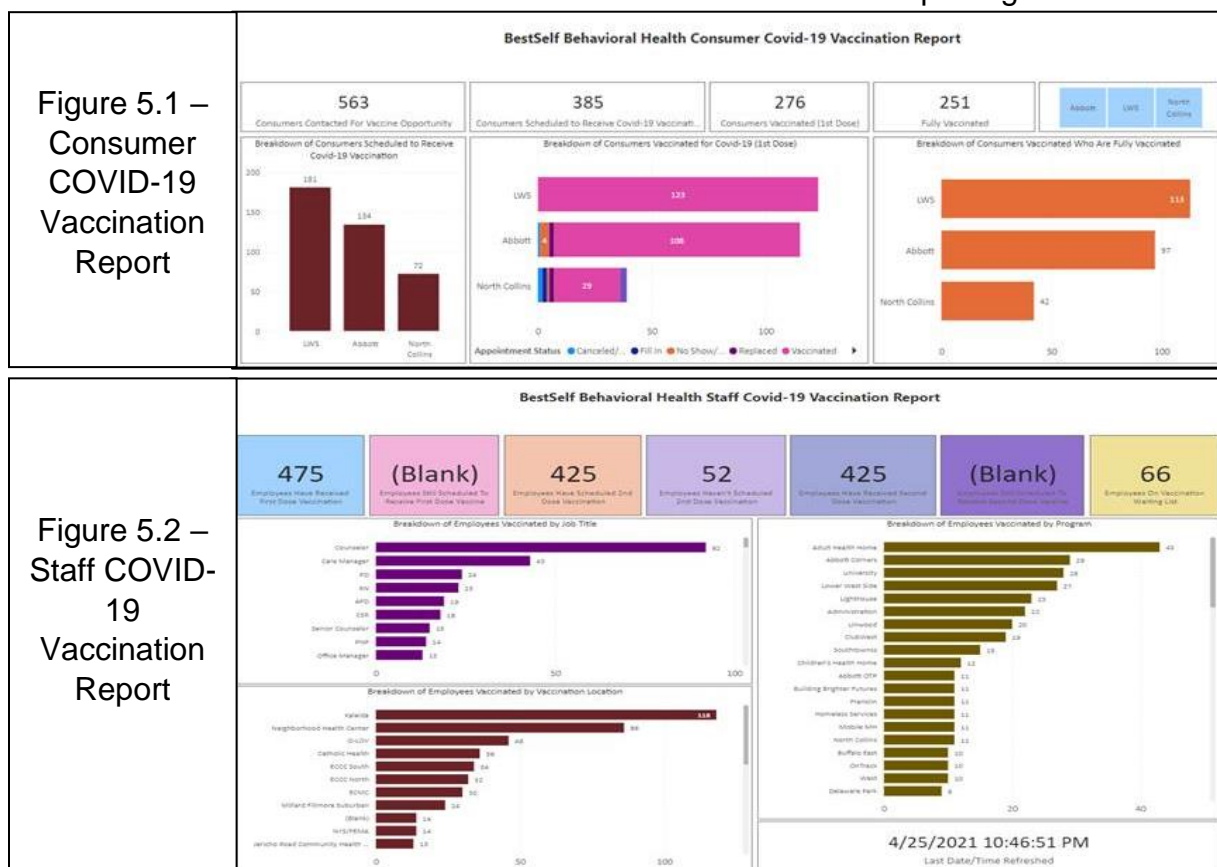
After careful review, the QI department identified the following projects as the most impactful of the projects we believe we completed this year. We are especially proud of the way our QI staff have worked with the rest of the agency to focus on improving the consumer experience and overall health of the agency

COVID-19 Vaccination Project

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 5.1 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 5.2 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. By the end of April, 425 staff reported being fully vaccinated.

In May, BestSelf received doses of the Moderna COVID-19 vaccine. The Director of Health Integration and the Nursing Team worked with Quality Improvement to develop vaccination clinics at 1050 Niagara and Abbott Corners. Floating CSRs were utilized as support staff. In September, Human Resources took over the collection of staff vaccination reporting data.



NOMS Collection Project

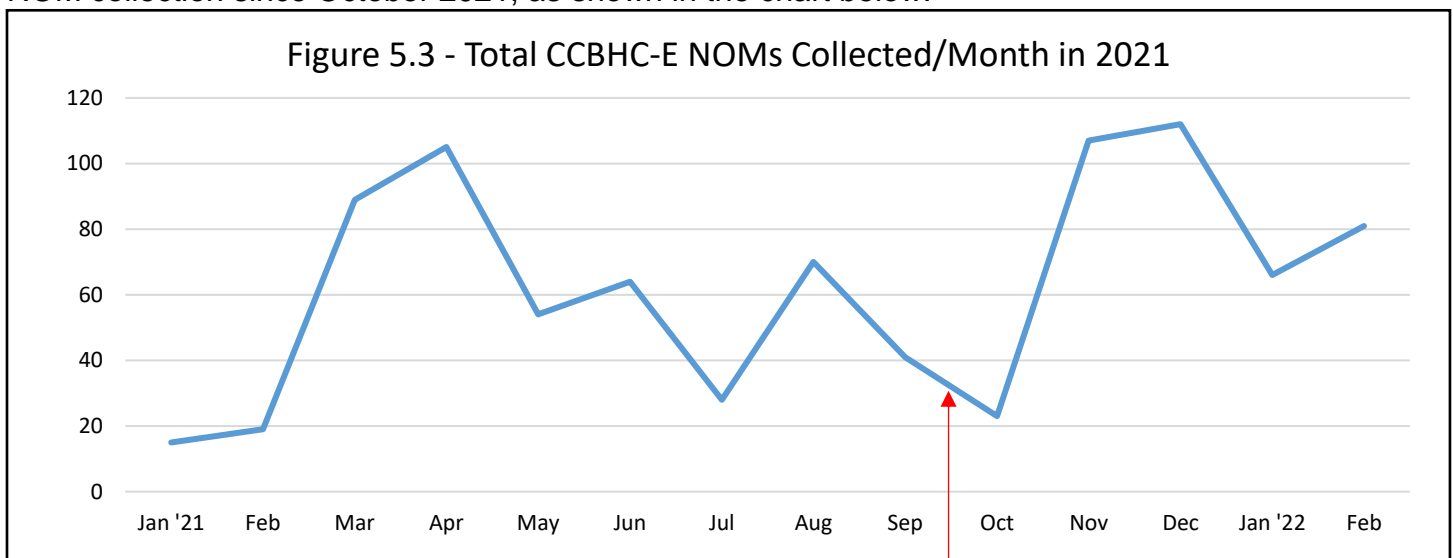
Over the past few years BestSelf has received multiple federal grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). All SAMHSA grants require extensive data collection to show outcomes related to the grant's purpose. Part of that data collection process includes administering a standardized survey with every BestSelf client that receives a service funded by a SAMHSA grant. This survey, titled National Outcome Measure (NOM), collects information on a client's mental health status. It's collected when a BestSelf client first receives a grant funded service, and every 6 months thereafter. Collecting these surveys over time shows if, and how, grant funded services impact an individual's behavioral health over time. Collecting information on behavioral health outcomes is a crucial piece of quality improvement.

An assessment of our NOM collection workflows was completed at one of our grant funded sites, Club West, revealed that we were not collecting NOMs on every client that was receiving services at this site. An inadequate tracking system, outdated NOM collection workflow, and staffing shortages were identified as the primary cause of this deficiency.

To solve this problem, the Director of Population Health and Evaluation and the Data Manager, Mike Nanfara and Katya Kukhto, worked with Club West staff to update and improve NOM collection workflows. This included a solution with the following components:

1. A digital version of the survey
2. A tracking tool that shows which BestSelf Clients need a NOM
3. An improved workflow that shares the NOM collection duties with multiple staff
4. A shared accountability system that shows if NOMs are being missed

These changes were created within the PDSA continuous quality improvement framework. The project was initiated on September 15th, 2021. The changes have resulted in a consistent increase in NOM collection since October 2021, as shown in the chart below.

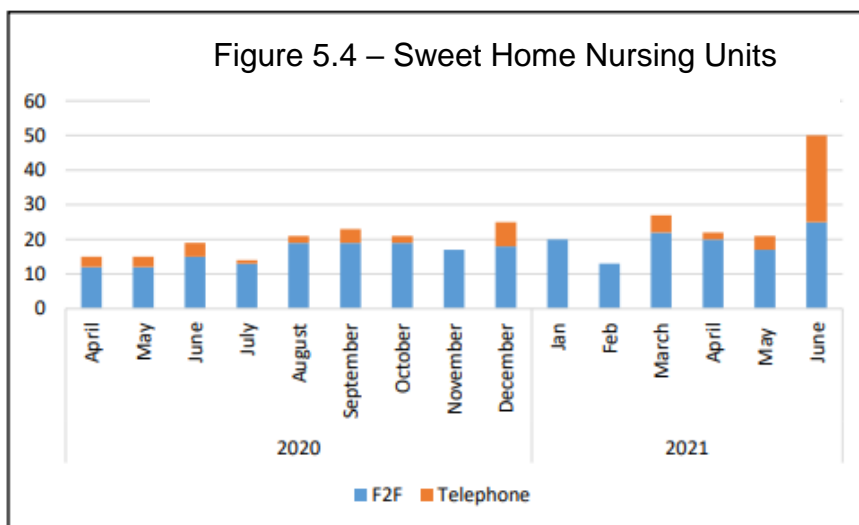


NOM collection PDSA cycle initiated Sep 15th, 2021

Nursing Optimization

The Nursing Optimization project was developed in last 2019 to ensure the nursing staff were working to their highest licensure. In late 2019 and early 2020, a number of focus groups were conducted to identify tasks that may be below their licensure, but take up a large portion of the RN's time. Two of the tasks that were identified were completing medication refills and prior authorizations. The result of these findings was to pilot a project at BestSelf's Franklin clinic that shifted these tasks to a newly hired certified medical assistant.

Due to the success of that pilot, in April 2021 the project expanded to Sweet Home with the support of the Nursing Optimization Steering Committee. In mid-May, a new Certified Medical Assistant was hired at Sweet Home Counseling. From June 2020 to June 2021, the nursing units at Sweet Home increased from 19 units to 50 units. Figure 5.4 shows the drastic increase in units from 2020 through 2021 for Sweet Home Counseling due in part to the hiring of the CMA.

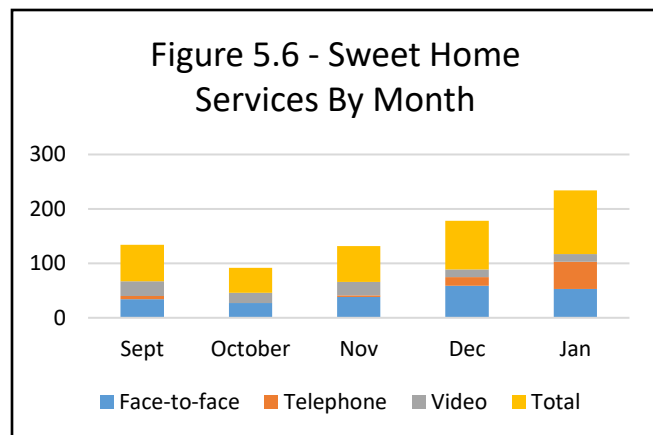


Nursing Project at Sweet Home

David Marciniak and Jim Butcher requested QI's support on this project. This project addressed the roles of nursing staff at Sweet Home and David Marciniak and QI worked together to help define the tasks completed by each role: Registered Nurses (RNs), Licensed Nurse Practitioners (LPNs), and Certified Medical Assistant (CMA).

This project also addressed the RNs and LPNs obtaining units and how to document their time. After meeting in late October and early November, their units increased significantly, resulting in increased revenue. As Figures 5.5 and 5.6 show, from November to January their units increased by 43.6% in two months. This increase directly correlates with the project conducted by QI and nursing leadership.

Figure 5.5 – Sweet Home Nursing Services					
Type of Service	Sept	Oct	Nov	Dec	Jan
Face-to-face	34	27	38	59	53
Telephone	6	0	3	16	50
Video	27	19	25	14	14
Total	67	46	66	89	117



Value Network Projects

Value Network (VN) is the Independent Practice Association (IPA) that BestSelf is a founding partner of, along with Horizon Health, Spectrum, and Endeavor. VN works with different Manage Care Organizations (MCOs) to negotiate value based and pilot contracts. Most of the contracts involve partners working on HEDIS metrics. The accompanying projects around these HEDIS metrics are completed by the Quality Improvement team and include development of workflows, data assurance of internal and external data, and metric audits for the consumers who fall within the metrics.

In 2021, Value Network had two contracts, one with Highmark/ Blue Cross Blue Shield (BCBS) and another with Monroe-Molina. Each contract consisted of four to five metrics that QI managed and completed projects on. The following data focuses on the metrics BestSelf and QI primarily focused on in 2021.

Quality Metrics

Antidepressant Medication Management (AMM)

BestSelf has been working on the AMM measure since March 2020. The Antidepressant Medication Management Measure assesses Highmark/ BCBS consumers, 18 years of age and older, with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. This measure consists of two phases:

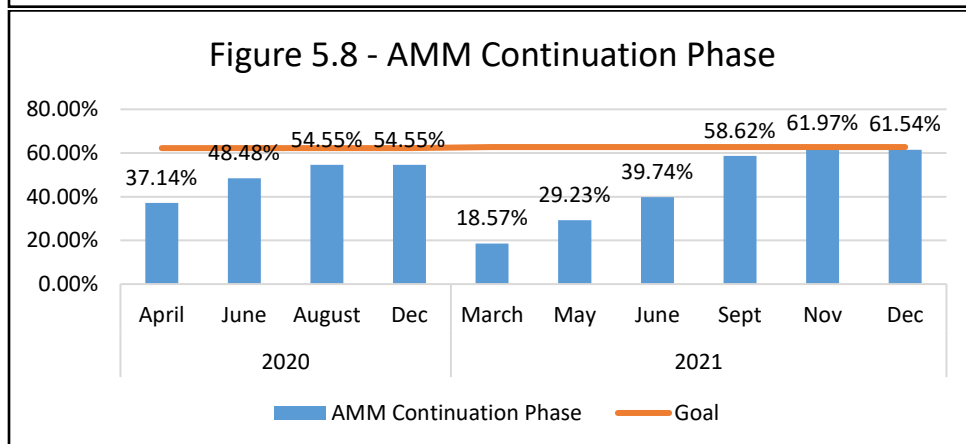
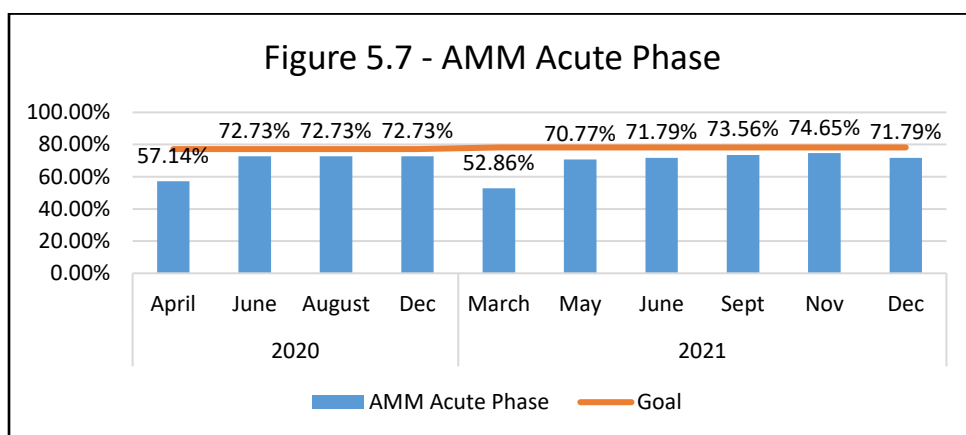
1. Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks).
2. Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months).

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 prescribed medications. 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. BestSelf's Quality Improvement and Business Intelligence departments are working together on strategic visioning of data for the Value Network metrics, specifically focusing on the AMM metric.

Although BestSelf saw an initial increase in both phases of the measure, BestSelf has leveled out in these measures at the end of 2020. Figures 5.7 and 5.8 show the AMM data for the Acute and Continuation Phases through June of 2021. The acute phase looks at clients with an MDD diagnosis who have been prescribed an antidepressant for 12 weeks. Figure 5.7 shows the historical data over 2021 for the acute phase and shows that from March 2021 to December 2021 there was a nineteen percent jump in the metric. Although the improvement was gradual, BestSelf consistently improved in this measure and ended just below the goal.

Figure 5.8 shows the continuation phase. The continuation phase looks at clients with a MDD diagnosis and has been prescribed an antidepressant for more than six months. This phase grows over time as clients stay on their medication and meet this flag. This metric has seen significant jumps over time and from March through the final report in December and it increased more than forty-two percent over the year.

Although we did not meet either measure, we were significantly closer than 2020 and we met the threshold to receive partial payment for these metrics. Both measures will continue in 2022 and with the improvements made to data collection and consistency of completion of the motivational interviewing questions by counselors, we are on track to potentially meet these measures in 2022.



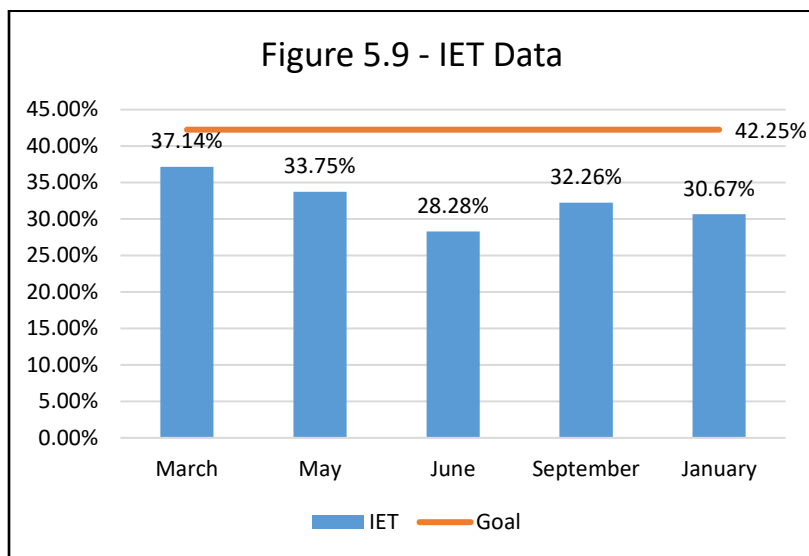
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

In 2020, BestSelf consistently met the goal for IET. The goal at the time was significantly lower at only around 18%. With the jump in the target for this metric, we found that we unfortunately did not meet this metric in 2021. The IET metric assesses adults and adolescents 13 years of age and older with a new episode of alcohol or other drug (AOD) dependence who received the following:

Initiation of AOD Treatment: Adolescents and adults who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis.

In 2021, QI receives a daily reports for commercial BCBS clients with a new SUD diagnosis and worked with the counselors to ensure the consumer had a follow-up appointment scheduled within the target timeframe. Unfortunately, despite our internal efforts, as Figure 5.9 shows, we were unable to consistently meet this target for a significant portion of the metric population.

BestSelf encountered obstacles that impacted our performance with this measure. QI discovered that any client who receives an SUD diagnosis through another provider may be missed because there is currently no way to determine if a client receives a diagnosis or medication from other providers. This was confirmed by Highmark/BCBS and QI has been working with Value Network to determine a way to identify those clients who may receive this diagnosis from an external provider.



Diabetes Screen for Individuals with Bipolar Disorder or Schizophrenia and are prescribed an Antipsychotic Medication (SSD)

The SSD metric assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

In late October/ early November, QI sent a chase list and workflow to the clinic nurses to follow-up on the consumers and check HEALTHeLINK and our internal medical record to determine if the consumers need HbA1c bloodwork. If so, the nursing staff worked with the providers to get the bloodwork ordered.

The [SSD Workflow](#) was developed

Follow-up Metrics FUM, FUH, FUA

The follow-up metrics look at clients who were recently discharged from the hospital and work at ensuring they are seen by their counselor within seven days of discharge. FUH and FUA are contracted measures for both Highmark/BCBS and Monroe-Molina, while FUM is only a metric for Monroe-Molina. These metrics are combined for the purposes of this report as the workflow and process for each is very similar.

The following breaks down each of the individual metrics:

1. Follow-Up After Hospitalization for Mental Illness (FUH) assesses adults and children 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm and had an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner. The measure identifies the percentage of members who received follow-up within 7 days of discharge.
2. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) assesses 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 had a follow up visit for AOD. This metric measures ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
3. Follow-Up After Emergency Department Visit for Mental Illness Within 7 Days (FUM) assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness and who received a follow-up visit for mental illness. ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Figures 5.10 – 5.14 show the breakdown of each measure for each insurance company. As Figures 5.10 and 5.11 show, we have consistently met the FUA and FUH metrics for Highmark/ BCBS. On the other hand, Figures 5.12 – 5.14 show the Monroe-Molina data has been inconsistent in 2021 and we are having a difficult time meeting these metrics. Based on the fact that Highmark/ BCBS consists of commercial clients while Monroe-Molina's members have Medicaid, we acknowledge the socioeconomic differences in the populations that may affect scheduling and show rates, however it is the goal of BestSelf to consistently schedule and see all consumers who are coming from the hospital as they are some of the highest risk consumers.

BestSelf developed clear policy around scheduling clients following a hospitalization or emergency room visit. In 2020 and 2021, the [Follow-Up after Hospitalization Workflow](#) was developed to dictate the role QI plays in the follow-up process for the contracted insurance companies. QI follows up on any client who falls within this metric to ensure they are scheduled within 7 days of discharge from the hospital or emergency room.

Although BestSelf has consistently met both FUH and FUA for Highmark/ BCBS, the data is trending downward. This is consistent with data across all partners in the network. This concern, in addition to our inability to consistently meet the metrics for Monroe-Molina is of concern for the Quality Improvement department and it will be a focus in 2022.

Figure 5.10 - BCBS - FUA Data

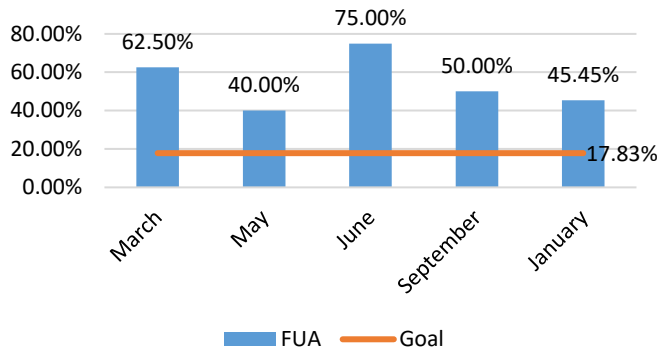


Figure 5.11 - BCBS - FUH Data

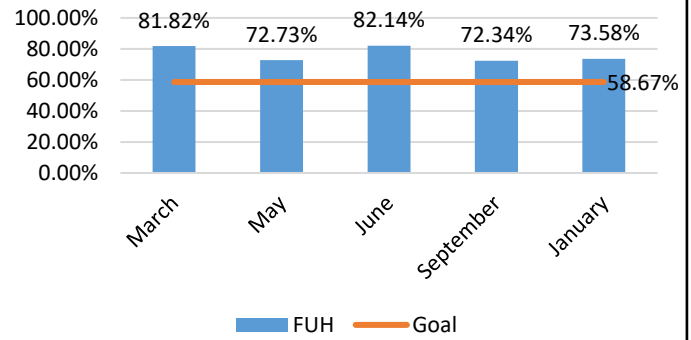


Figure 5.12 - MM - FUA Metric

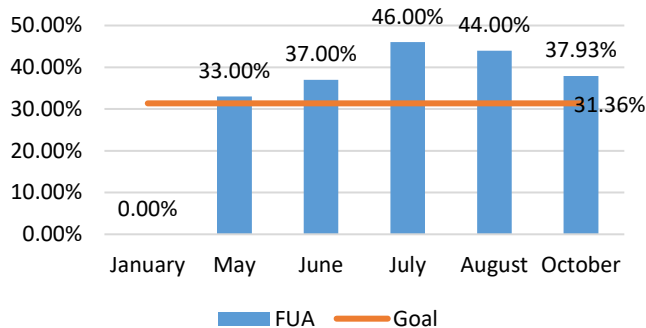


Figure 5.13 - MM - FUH Metric

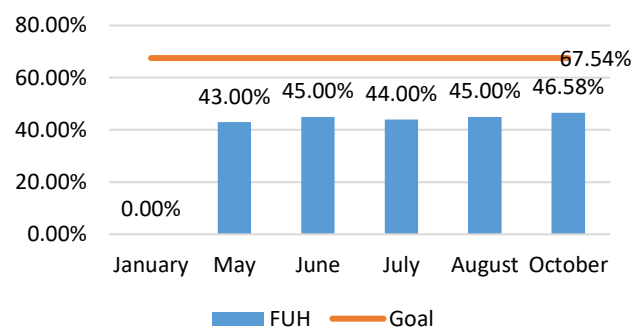
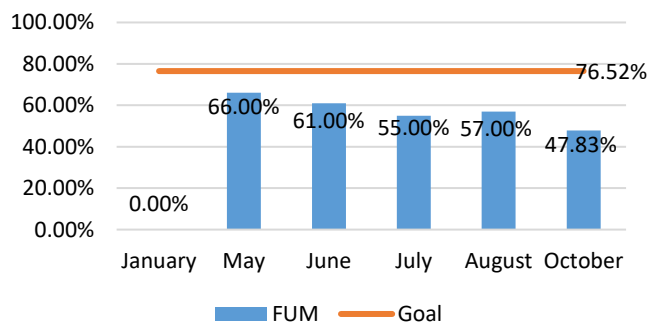


Figure 5.14 - MM - FUM Metric



High Risk Management

BestSelf will be working with 51 consumers at BestSelf who have either Highmark/BlueCross BlueShield (BCBS) insurance or a Monroe-Molina plan on a new initiative through Value Network (our IPA). Their insurance companies identified these consumers because they are high utilizers who may benefit from some enhanced services. The goals of this project is to reduce total cost of care (TCOC) for identified patients by a comparison of 2019/2020 to 2021, to provide enhanced services for patients, and to utilize a patient-centered approach. The Quality Improvement department worked with BestSelf's Float Nurses to identify gaps in care and work with the consumers to fill any identified gaps.

Value Network's hypothesis for reducing total cost of care is to focus on addressing Gaps in Care for each individual consumer in the pilot. Value Network receives Gaps in Care reports from the insurance company and updates Power BI for each consumer. Although there are dozens of potential gaps in care, Value Network has chosen to focus on the following seven gaps.

1. Follow-Up After Hospitalization for Mental Illness – 7 day follow-up visit (FUH)
2. Follow-Up After ED Visit for Alcohol & Other Drug Dependence – 7 day follow-up visit (FUA)
3. Alcohol, Other Drug Dependence Tx – Initiation Phase
4. Adults' Access to Preventive & Ambulatory Health Services (AAP)
5. Controlling Blood Pressure (CBP)
6. Preventive Care Screening: Influenza Immunization CMS 147 v9
7. Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

Figure 5.15 shows the workflow developed with the float nurses and QI to communicate with each consumer regarding their identified gaps. This workflow included the float nurses working with QI to help address the gaps and link the consumer to appropriate care providers.

Figures 5.16 – 5.18 show the forecasted savings this project had for the insurance companies. Although the final data was not yet available during the compilation of this report, the forecasted data was developed through averaging the expenses per month and multiplying the average monthly expense by 12 to find the projected expenses per client and the final saving for the insurance company. This is not a fool proof projection and the forecasted numbers only take into consideration the average expenses and do not take into consideration any past or future outliers which would skew the data and could lead to better or worse outcomes of the total expenses for the client and project as a whole. The forecasted savings broken down by insurance are found in Figures 5.16 and 5.17. The total savings of the project can be seen in Figure 5.18.

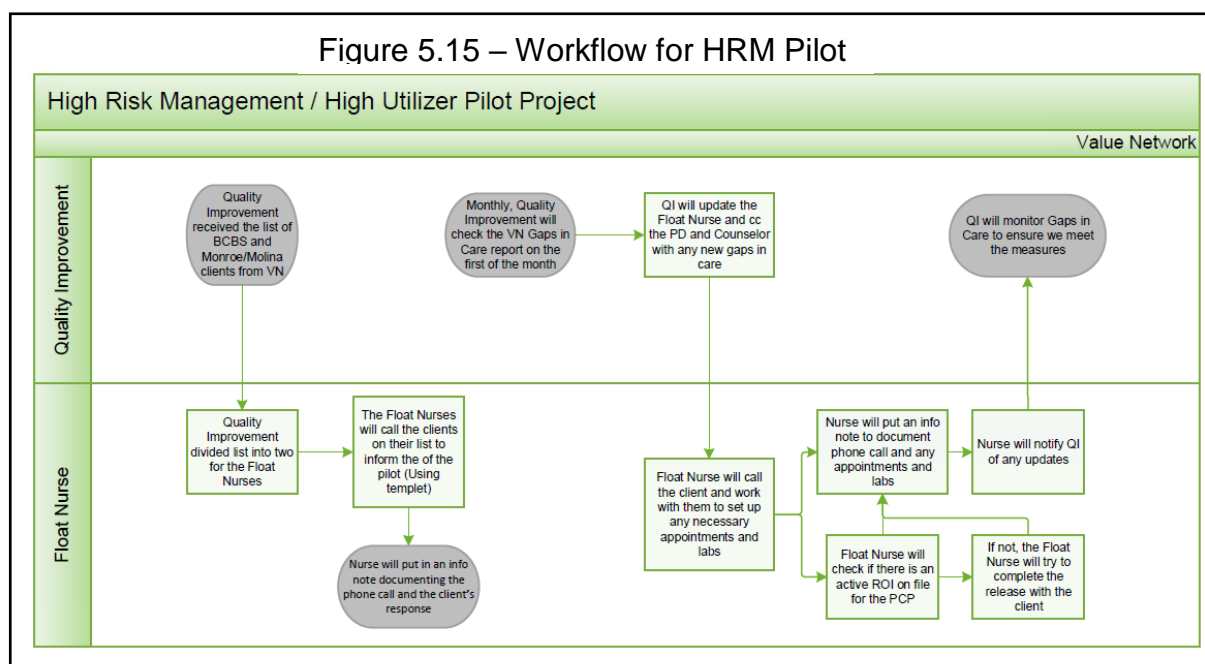


Figure 5.16 - Highmark BCBS	
Forecasted savings	\$184,911
% decrease from 2020 to 2021	15.2%

Figure 5.17 - Monroe-Molina	
Forecasted savings	\$137,999.5
% decrease from 2020 to 2021	48.98%

Figure 5.18 – Total Savings	
Forecasted savings	\$322,910.5
% decrease from 2020 to 2021	21.55%

Accreditations

Council on Accreditation (COA)

In 2019, BestSelf went through the process of obtaining Council on Accreditation (COA) accreditation to help ensure the continuation of services at our Opioid Treatment Program. This process included members of QI working closely with Program Directors, Vice Presidents, and other administrative staff to write and/or review program and agency policies and procedures gather a large amount of self-study and on-site evidence to be reviewed by COA peer reviewers.

The accreditation process provided a framework for BestSelf to continuously improve and offer evidence-based best practices that support our clients and the community. Becoming accredited shows the quality BestSelf provides and can open the door for new opportunities. COA's whole organization approach ensures that everyone – from human resources to direct care and clinical staff – is working together to carry out BestSelf's mission.

The project was successful and we were fully accredited in October 2019. The accreditation is good for three years and we are currently going through the reaccreditation process which is set take place in June 2022. QI is once again working with PDs, VPs, and other staff to review policies and procedures and is currently gathering self-study evidence.

At the end of 2021, 45% of self-study evidence was uploaded.

National Health Service Corps (NHSC)

The National Health Service Corps (NHSC) is a federal government program administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW). Since 1972, the NHSC has been building healthy communities, ensuring access to health care for everyone, preventing disease and illness, and caring for the most vulnerable populations who may otherwise go without care. NHSC programs provide scholarships and student loan repayment to health care professionals in exchange for a service commitment to practice in designated areas across the country with a shortage of health care professionals. Today, more than 16,000 NHSC participants provide comprehensive primary medical, dental, and behavioral and mental health care at more than 18,000 NHSC-approved sites, serving over 17 million people who live in rural, urban, and tribal communities. NHSC participants work at

NHSC-approved sites located in and serving Health Professional Shortage Areas (HPSAs), which are communities with limited access to care.

Clinicians at NHSC-approved sites may be eligible to apply to one of the five NHSC programs, including the NHSC Scholarship Program (SP), the NHSC Students to Service Loan Repayment Program (S2S LRP), the NHSC Loan Repayment Program (LRP), the NHSC Substance Use Disorder Workforce Loan Repayment Program (SUD Workforce LRP), and the NHSC Rural Community Loan Repayment Program (Rural Community LRP).

Anne Dernbach, QI Coordinator, was tasked with BestSelf's NHSC accreditation process. In 2021, Recovery Connections- Mobile SUD Program received NHSC accreditation. North Collins Counseling was approved for one of the loan forgiveness programs (SUD related), but don't fall in a Mental Health HPSA. In 2021, University, Delaware Summer Children's and Westside sites were re-certified- NHSC approved for 3 more years. Please speak to Human Resources directly on how you may be eligible for student loan forgiveness.

Policy and Procedure

Due to our various accreditations, QI is tasked with the development of agency-wide and program specific policies and procedures. This process began in 2018 leading up to the initial COA accreditation. We have continued our QI efforts through review of BestSelf's policies and procedures, as well as development of new policies and procedures. This ensures BestSelf meets all regulatory requirements, as well as the needs of the programs and various departments.

The VP of Quality Improvement and accreditation and QI Coordinators work with Vice Presidents and Program Directors to develop and review policies for accuracy and regulatory changes. This is an intensive process and requires the time of staff to review their policies, as well as QI to write and coordinate any new policies or adjustments to current policy.

Over the course of 2021, 91 policies and procedures were added and/or reviewed and adjusted.

Racial Equity and Inclusion (REI) Policy and Procedure Committee

In 2021, BestSelf developed a number of REI committees that addressed racial equity and inclusion at different levels throughout the agency. Jessica Smith, Deputy Counsel, and Becky Steffen, VP of Quality Improvement and Accreditation have been tasked with leading the REI Policy and Procedure Committee. This committee reviews current and new policies and procedures and looks at them through an REI lens to ensure all policies and procedures as inclusive and lack racial bias. The committee uses an REI Analysis tool to review the policies and a number of BestSelf staff participate in the committee.

In 2021, at least 37 new and existing policies were reviewed by the REI Policy and Procedure Committee and a number of suggestion were incorporated to ensure racial equity and inclusion in BestSelf's policies and procedures.

VI. Acknowledgements

Many of the QI projects in 2021 related to physical, as well as behavioral health. Thank you to Jim Butcher and David Marciniak for their continued help and support on these projects. Their expertise was vital in the success of QI's projects.

The success of the Nursing Optimization project was in large part to the nursing staff at both Franklin and Sweet Home. Without their support, the Nursing Optimization project would not have been as successful as it was.

The success of the High Risk Management pilot would not have been possible without the Float Nurses: Molly Kane, April Wittcop, and MaryEllen Luckman. Thank you to these nurses who were vital in the success of the project and the health of those BestSelf consumers.

Thank you to the team at ClubWest for their ongoing efforts in the collection of NOMS. The support of management and staff allowed for the quick positive shift in the NOMS collection project.

In 2020, QI took on the role of COVID-19 reporting for the agency. In 2021, there was a shift in responsibility to Abdeel Jaime in HR. Thank you to Abdeel for his continued efforts and coordination with QI as we continue to move through the COVID-19 pandemic.

Thank you to the Program Directors and VPs who have assisted in the development and review of policies and procedures in preparation for BestSelf's reaccreditation through COA coming in June 2022.

The success of the Quality Improvement department and our projects in 2021 would not have been possible without the direction and leadership of Becky Steffen, the Vice President of Quality Improvement and Accreditation.

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 ways.

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 (PQI Advisory Group)

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
Mike Nanfara.....	Director of Population Health
Anne Dernbach	QI Coordinator
Carol Hund	QI Coordinator
Chris Chavez	QI Manager
Claire Haumesser	QI Project Assistant
Katya Kukhto	Data Manager
Sara Suleski	Grant Manager, Previously QI Project Specialist
Chris Kuzara	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. Use the following hyperlinks to access these documents

[Policy and Procedure Manuals](#)
[PQI Quarterly and Annual Reports](#)
[Workflows](#)
[COVID-19 Documents](#)

Contact Us!

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

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(716) 842-0440 x 1599