

Performance and Quality Improvement 2022 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 can take 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

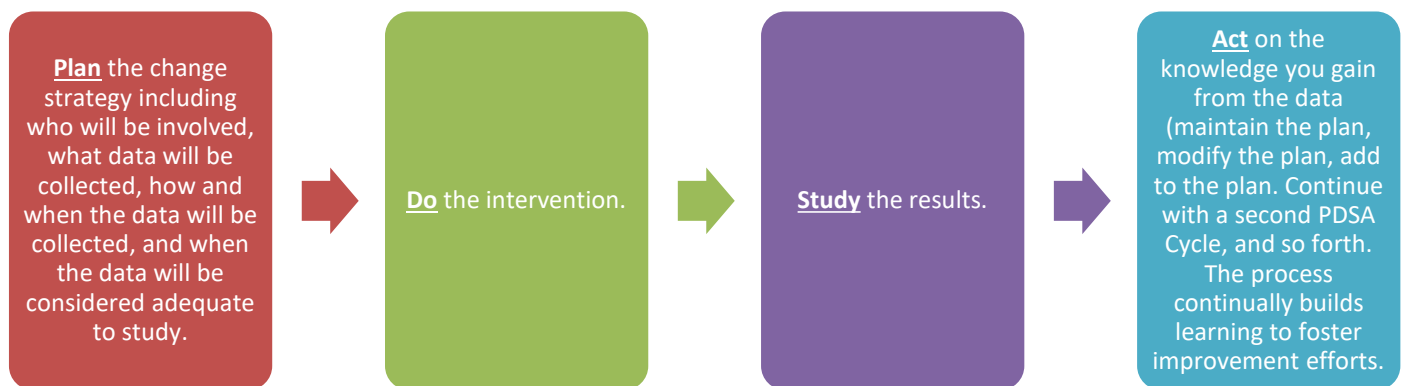
II. Overview of Quality Improvement

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 consumers.
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



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.

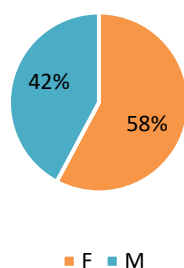
Core Steps for Continuous Improvement

- 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.”

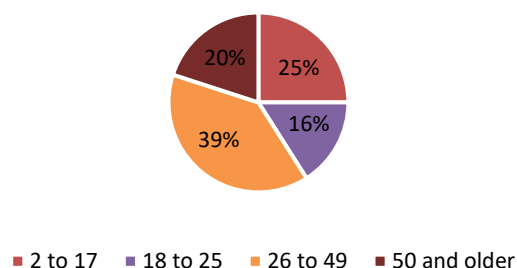
III. Demographics

Figures 2.1 to 2.5 show the demographic breakdown for BestSelf Behavioral Health's consumers in 2022. 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.

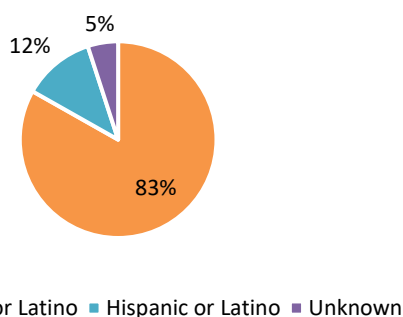
Sex Figure 2.1



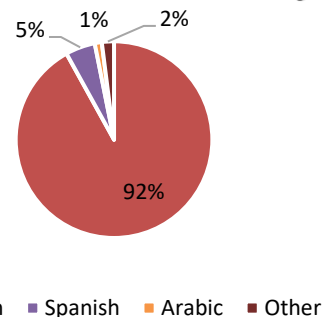
Age Figure 2.2



Ethnicity Figure 2.3



Language Figure 2.4



Race Figure 2.5

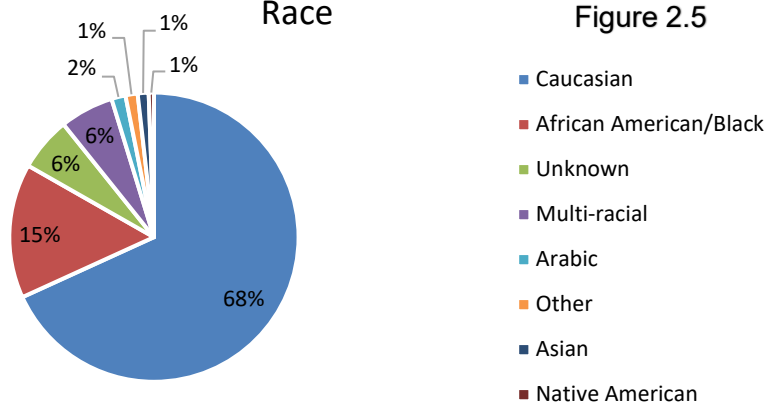


Figure 2.1 shows the gender assigned at birth demographics for BestSelf consumers. Female consists of 58% and male consists of 42%.

Figure 2.2 shows the age demographics for BestSelf's consumers. BestSelf serves consumers from childhood through adulthood. 25% percent of consumers are children between the ages of 2 and 17.

Consumers between the age of 18 and 25 make up 16% of BestSelf consumers.

Consumers between the age of 26 and 49 make up 39% of BestSelf consumers and 50 and older consists of 20%.

Figure 2.3 shows the Ethnicity breakdown of BestSelf consumers between Hispanics and non-Hispanics. 12% percent of BestSelf's consumers identified themselves as Hispanic or Latino. While the remaining 83% identified themselves as not Hispanic or Latino.

BestSelf's consumers speak over 20 languages, the primary languages of English, Spanish, and Arabic make up 98% of our consumers' primary languages. Figure 2.4 shows that 92% of BestSelf consumers speak English as their primary language with 5% primarily speaking Spanish and 1% Arabic. The other 2% is split between multiple other languages.

Figure 2.5 shows the racial breakdown of BestSelf's consumers. The most common races for BestSelf consumers are Caucasian, African American, and Multi-Racial. Sixty-eight percent of BestSelf's consumers are Caucasian, 15% are African American, and 6% are multi-Racial. The other 11% is split between Arabic, Asian, Native American, Other, or unknown.

IV. Program/ Department Outcome Measures

Family Connections

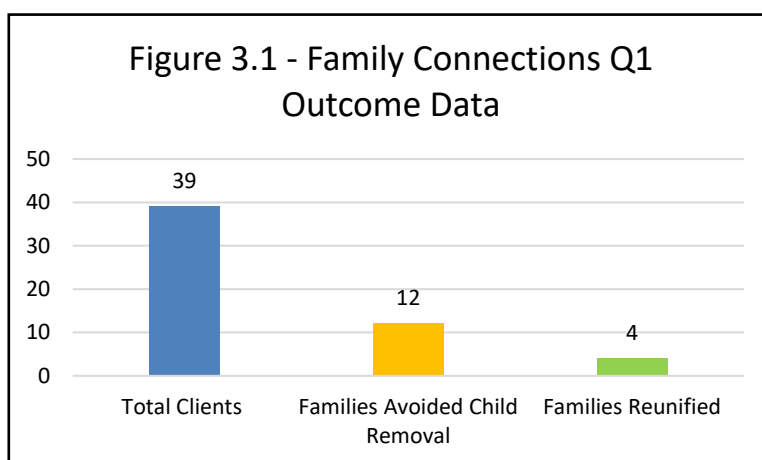
Family Connections provide enhanced services to individuals with substance-use disorders and their families through a grant from the Substance Abuse and Mental Health Services Administration, the Erie County Family Treatment Court, in conjunction with BestSelf Behavioral Health.

The BestSelf Family Connections Team works in collaboration with the supervising judge to create a person-centered, goal-oriented care plan for individuals and their loved ones. The program focuses on addressing the needs of the entire family through comprehensive clinical assessments to identify risks and needs with reduced recidivism and eventual family reunification as well as the following:

- Provides rapid connection to Medication-Assisted Treatment, if applicable
- Supports recovery with linkages to treatment, counseling, peers, and other services
- Includes participation in ***Celebrating Families!***™, an evidence-based program for families impacted by substance-use disorders

The program also focuses on increasing the number of family reunifications and reducing the number of children who did not go into foster care.

Figure 3.1 shows the total number of consumers within the program of Family Connections during the first quarter of 2022. Figure 3.1 also shows that twelve consumers, and their families, were successful in their metrics by the child not being removed from the home. The third data point shows four families that were successfully reunified through the work of the Family Connections team during the first quarter of 2022.

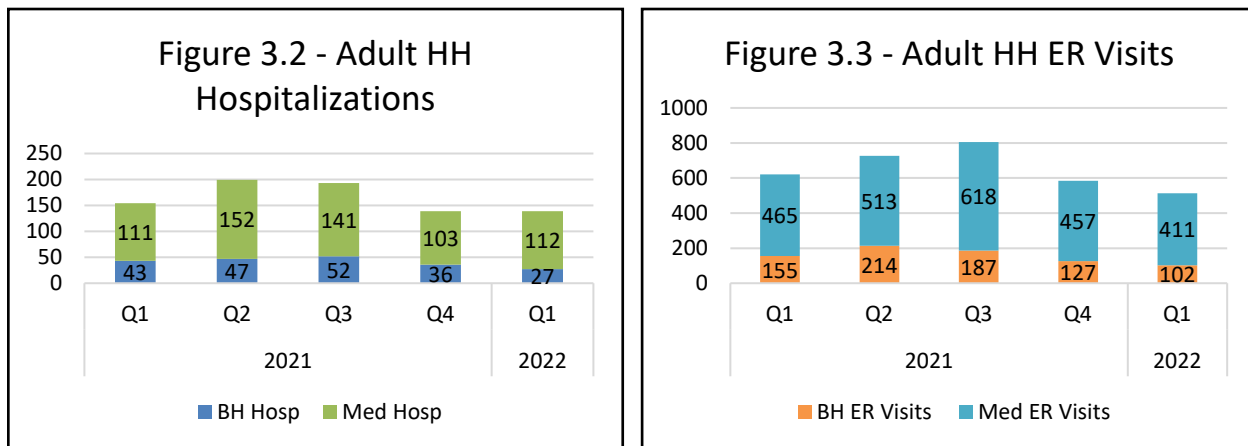


Health Homes

Health Homes is a service that provides free comprehensive care management services to Medicaid recipients to make certain their medical, mental health, and substance-use disorder needs are being met. BestSelf Health Home Services ensure that everyone involved in an individual's care is collaborating and sharing any necessary information in supporting the consumer's recovery. In addition to physical health services, Health Home will assist in coordinating the social service needs of the member as well.

Adult Health Homes

Figures 3.2 and 3.3 show the hospitalization and ER visits for Adult Health Homes from 2021 into the first quarter of 2022. As both figures show, there has been a downward trend for both hospitalizations and ER visits. This trend is consistent around total numbers, as well as when behavioral health and medical hospitalizations and ER visits are separated. These metrics have been positively impacted by the increased in-person visits with case managers, as well as the continued impact the care managers have on their consumers.

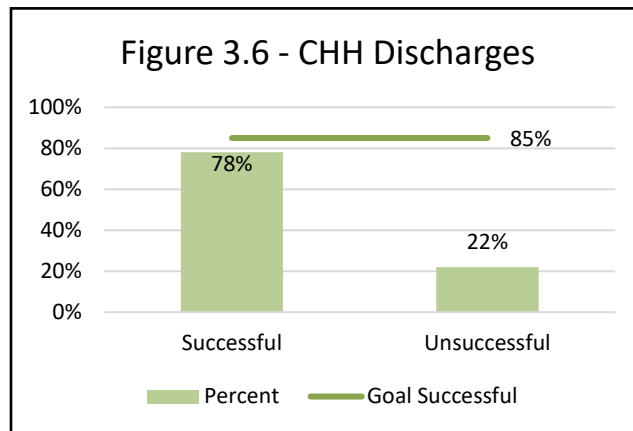
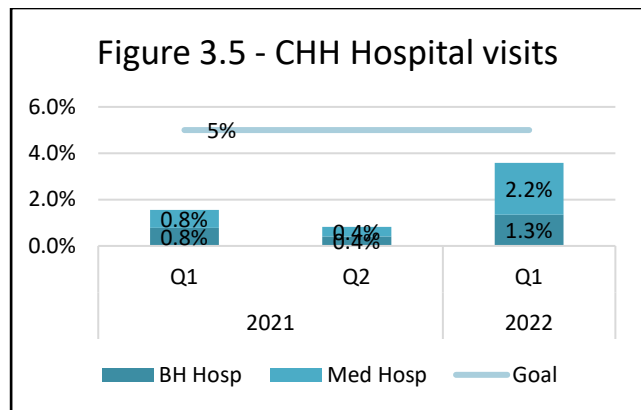
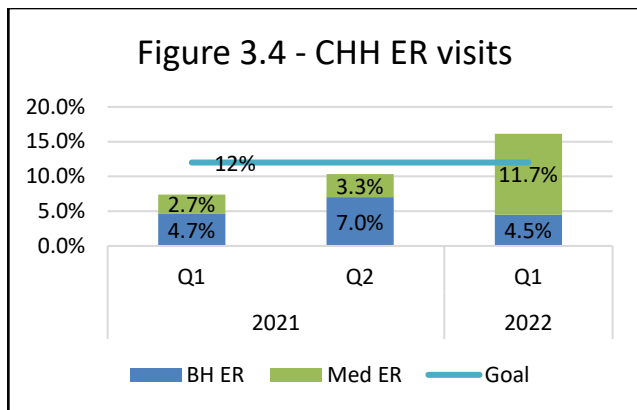


Children's Health Homes

Children's HH's services did not meet ER visits target of 12% but achieved the target hospitalizations of 5%.

Figures 3.4 and 3.5 lay out the percent of hospitalizations and ER visits for Children's Health Homes, broken down between behavioral health and medical reasons. As Figure 3.4 shows, although hospitalizations significantly increased overall in Q1 of 2022, their behavioral health ER visits decreased by 2.5% and individually, both behavioral health and medical hospitalizations were below the 12% goal. Similarly, Figure 3.5 shows a drastic increase from Q2 2021 to Q1 2022, but the total hospitalizations have remained well below the goal of 5%.

Figure 3.6 shows the percent of successful discharges in Q1 2022. Overall, there were 27 discharges, 21 successful and 6 unsuccessful. Of the 6 unsuccessful discharges, 2 were put into placements and 4 were disengaged. The percent of successful discharges in Q1 2022 was 78%. The goal is to increase this to 85%.

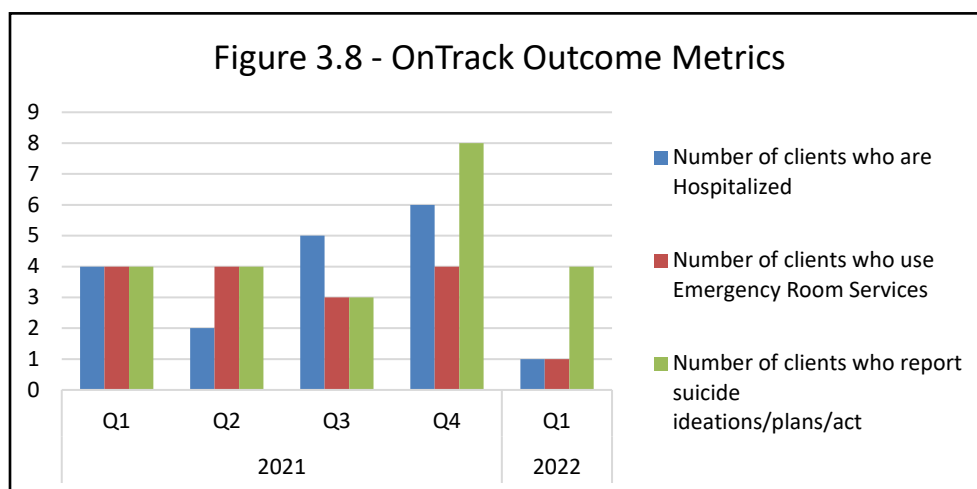
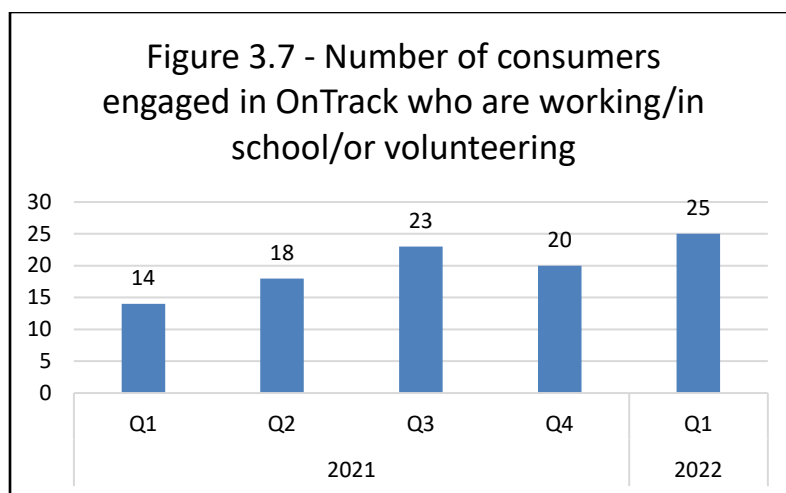


OnTrack

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 evaluate a manualized treatment program on a monthly/quarterly/yearly basis. The monthly review examines number of hospital stays, ER visits, employment, school functioning, medication consistency, who they see on the team and how often.

The model provides data to the state about how many times consumers have used substances/tobacco, how often consumers were seen out of the office, who consumers saw on the team, how often their family was included, how many groups they or their family attended, and what services were given by the nurse. The program also evaluates how many times consumers were social, the degree of symptom impact, the effects of illicit drugs, the level of difficult feelings they may be experiences, strengths/challenges and behavioral activation is discussed in session.



The data shown in Figure 3.7 shows the number of consumers engaged in the OnTrack program who are actively working, are in school, and/or volunteering out in the Western New York Community. The data recorded from Q1 of 2021 shows fourteen consumers who were engaged in one or more of the three engagement metrics. By Q4 of 2021, OnTrack had a total of twenty consumers engaged in one or more of the three metrics. In Q1 of 2022, OnTrack had a total of twenty-five consumers engaged in one or more of the three metrics. The metric is trending upward.

Figure 3.8 represents the number of consumers who were hospitalized, the number of consumers who utilized emergency room services, and the number of consumers who reported suicide ideation, plans, or acts. OnTrack maintains a goal of reducing the number of consumers utilizing emergency services or having suicide ideation. Figure 3.8 shows that although there was a spike in each of these metrics in the Q4 2022, by Q1, each metric had significantly decreased.

Project SAYVE

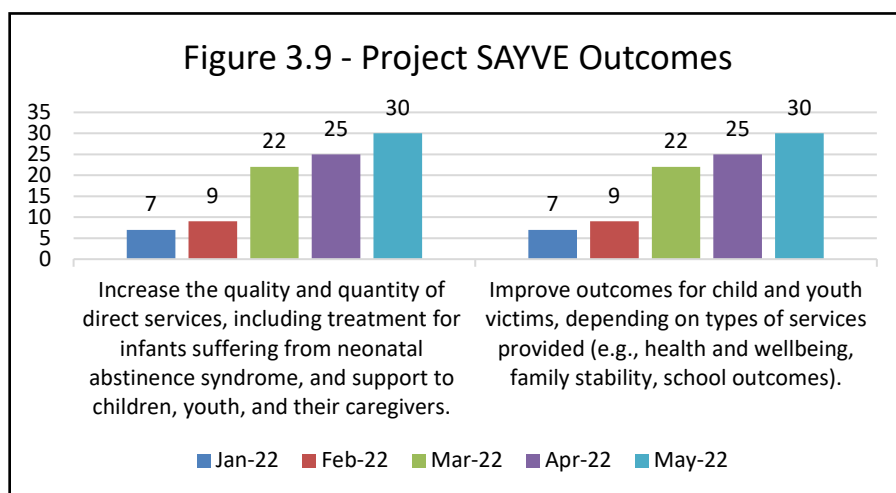
Project SAYVE provides support and advocacy for youth crime victims in Erie County. This program provides comprehensive survivor services to the target population. The program also, provides assistance and/or referrals to other essential services for young survivors and

their families/caregivers. They collaborate and provide training to local partners to improve outcomes for child and youth survivors. Project SAYVE builds seamless response to children and families, from identification, initial response to ongoing support services and interventions to longer follow-up.

Project SAYVE focuses on increasing the quality and quantity of direct services, including treatment for infants suffering from neonatal abstinence syndrome, and support to children, youth, and their caregivers. They also strive for improving outcomes for child and youth victims, depending on types of services provided (e.g., health and wellbeing, family stability, and school outcomes).

Figure 3.9 shows the measured outcomes of the program Project SAYVE. The first data table shows the increased quality and quantity of direct services provided to consumers and their families. Which includes treatment for infants suffering from neonatal abstinence syndrome, and support for children, and youth, including their caregivers. The second data table shows the improved outcomes for children and youth victims, depending on the types of services provided.

The drastic increases in Project SAYVE's outcome measures can be attributed to several factors including an increase in the number of consumers they serve, as well as gaining consumers who are older adolescents and youth. Previously, they serviced primarily infants, but in recent months, they have grown to older consumers who have been impacted by several factors that include counseling, summer, and afterschool programs, as well as referrals to additional supports. By doing so, they have been able to impact the consumer's lives in a positive projection that has had a demonstrated a positive impact on the outcomes of their metrics as well as the children's lives.



Recovery Transitions

Recovery Transitions is a community-based program that incorporates services within the Erie and Niagara County jails and extends support/services to other justice-involved individuals. The multidisciplinary team includes counselors, peers, and case managers that are equipped to provide clinical and non-clinical services to some of our most vulnerable

populations. The program helps participants achieve and maintain independence and recovery through systems integration, outreach, and collaborations with community partners. Incarcerated individuals in the town of Alden, and Erie and Niagara County jails have access to individual and group counseling, peer support, and medication to aid in their recovery. Re-entry and transitional supports are also available to prepare them for successful community reintegration and ongoing recovery.

Recovery Transitions works to reduce recidivism of return to jail-track 12-month post discharge from jail as well as overdoses (Niagara Falls Jails team).

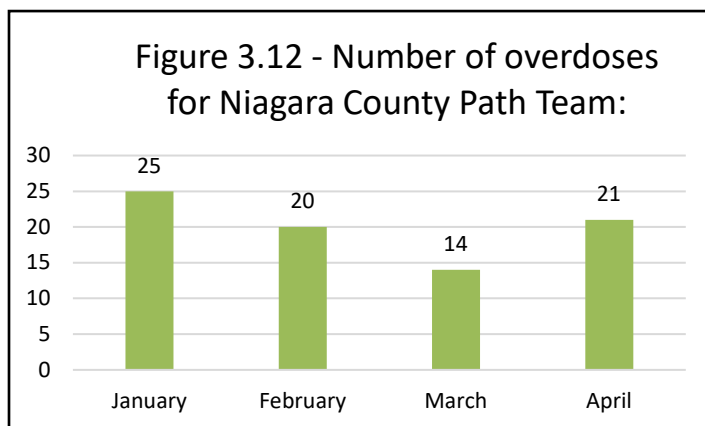
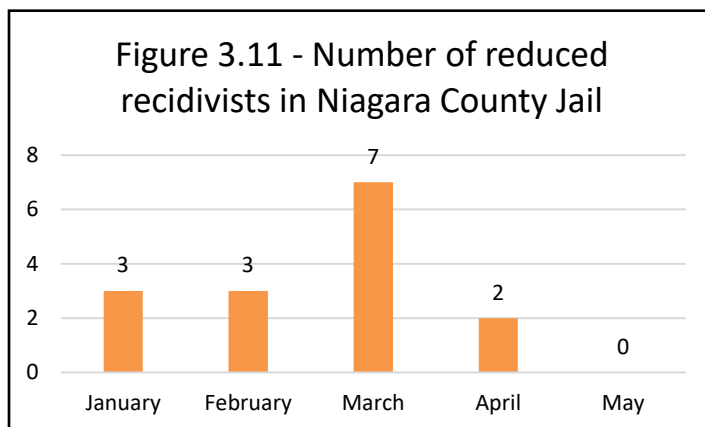
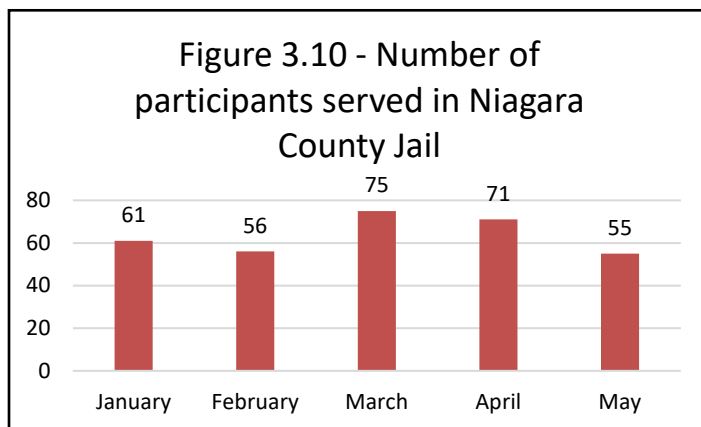


Figure 3.10 shows the number of participants served in Niagara County jail. As shown, the number of participants has decreased from March through May 2022. This is due to some factors including participants who have successfully graduated from the programs and an

increase in COVID-19 numbers causing the jail to be shut down and staff being unable to canvas interested participants. These successes and barriers also impacted the number of reduced recidivists shown in Figure 3.11.

Figure 3.12 shows the number of overdoses for the Niagara County Path Team. Success for the Recovery Transitions program comes from making sure consumers relate to services when resuming back into the community. The number of consumer overdoses for quarter one of 2022 has maintained below twenty-five consumers, but due to barriers has increased from March to April 2022. Although there was a jump in April, there were a number of successes that impacted the decrease from January through March, including consumers engaging with the Recovery Transitions team and distributing Narcan training and kits, as well as completion of treatment programs and building positive working relationships.

IT – Information Technology

Kevin Wiese, Chief Information Officer, and the entire IT team strives to provide timely, courteous, and well-functioning technology related support, service, and systems to the entire organization. Data is tracked, measured, and monitored via the SolarWinds Web Help Desk and Allworx phone platforms. Dashboard visualizations were also created in Microsoft Power BI. Departmental processes are reviewed with staff on an as needed basis at monthly staff meetings and during future state planning and are adjusted based on service volume, staff resources, projects, and workflow optimization. Two of the IT outcome measures BBH is tracking are the average time to ticket closure and average first response time. With the continued growth of BBH, there has been an increase in the volume of tickets for IT to respond to. The IT team does their best to keep response times low to provide the best service possible to employees.

In Figures 3.13 through 3.19, it shows evidenced based data on the outcome metrics set forth by measuring the satisfaction data, call data by month, new tickets by month, and IT equipment orders and Business Intelligence.

Satisfaction data that showcases these outcomes:

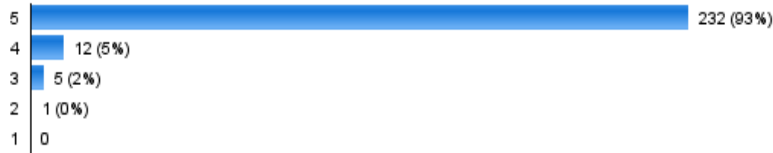
Tickets (7.31.21 – 7.31.22) | 14095

Surveys completed | 249

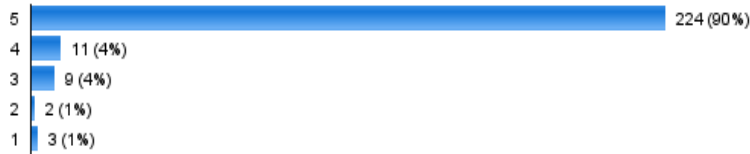
Survey completion rate | 1.8%

Service Satisfaction (7/31/21 - 7/31/22)

1. The service associate was courteous and professional: (5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = Strongly Disagree) [Responses](#)



2. My request or issue was resolved within an acceptable timeframe. (5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = Strongly Disagree) [Responses](#)



3. I was satisfied with the overall service experience: (5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = Strongly Disagree) [Responses](#)

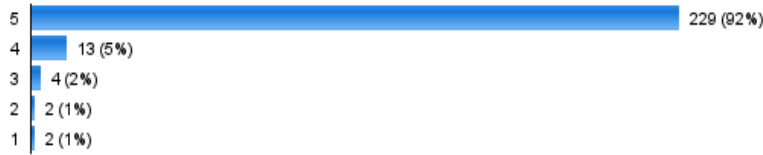
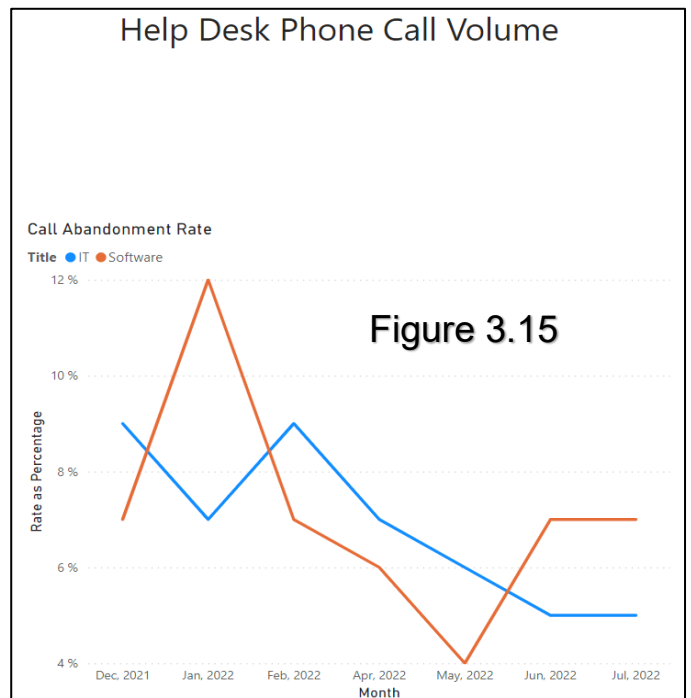
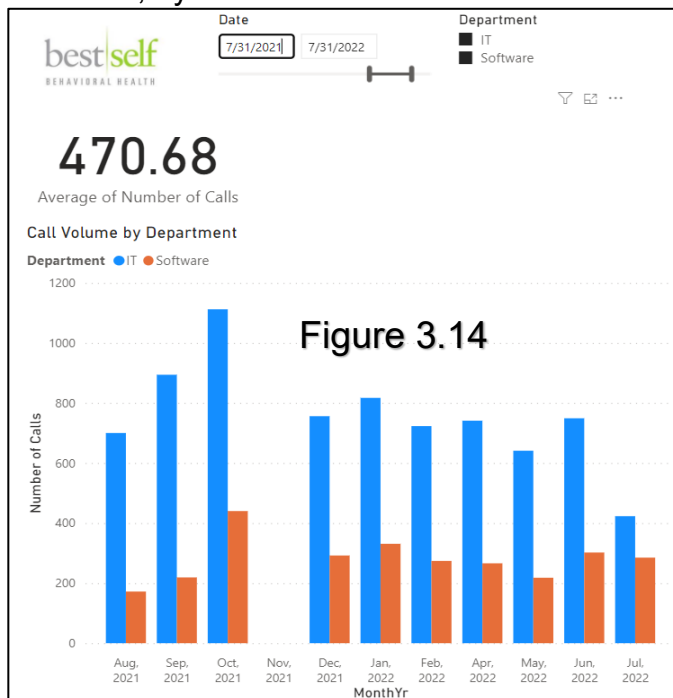
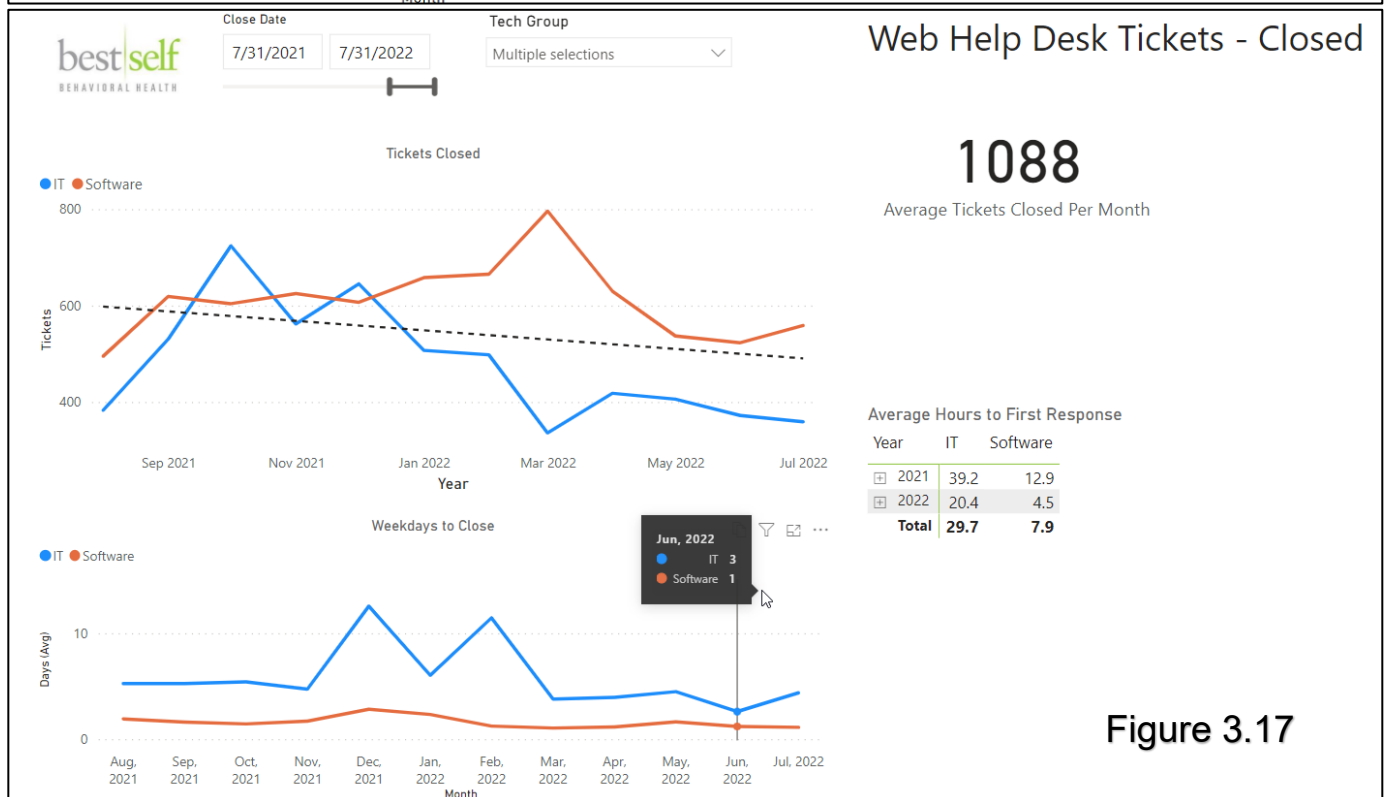
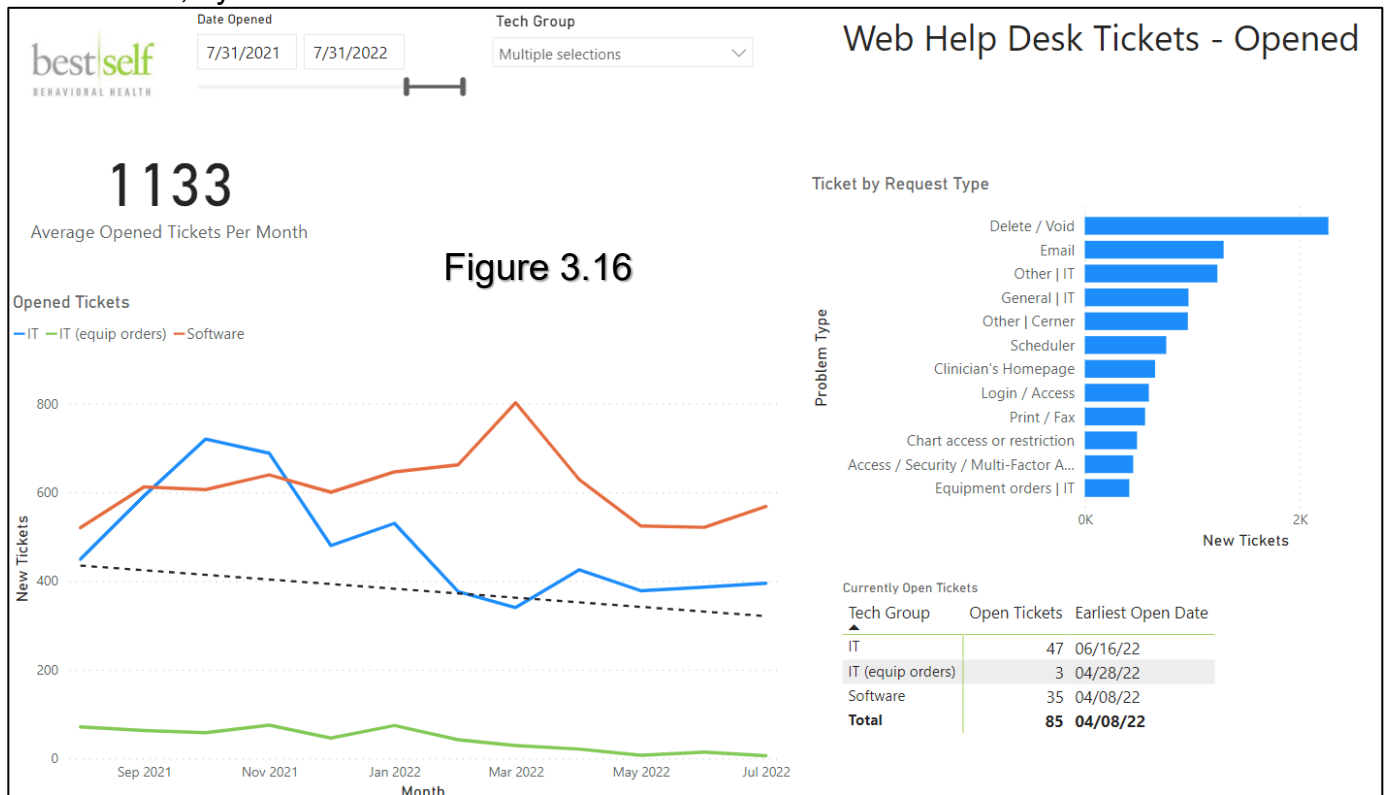


Figure 3.13

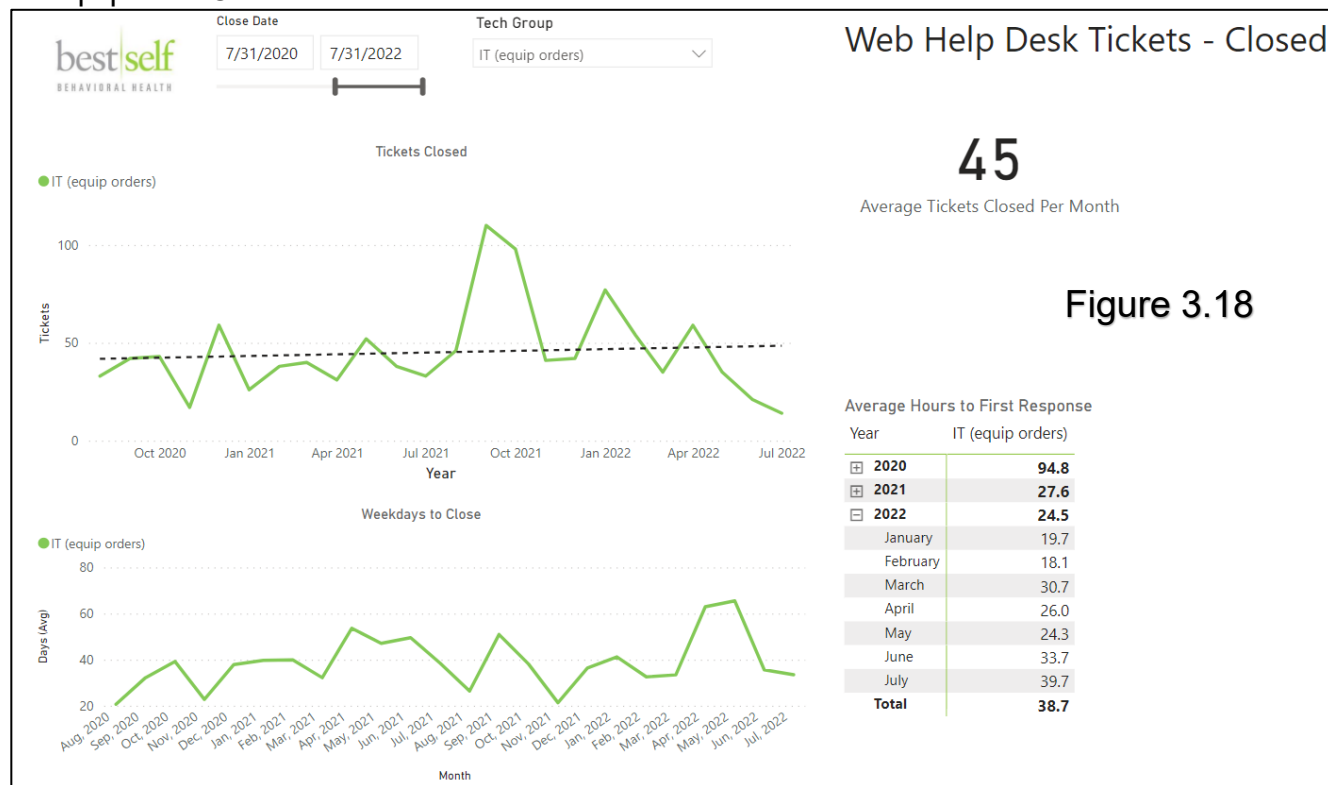
Call Data, by Month



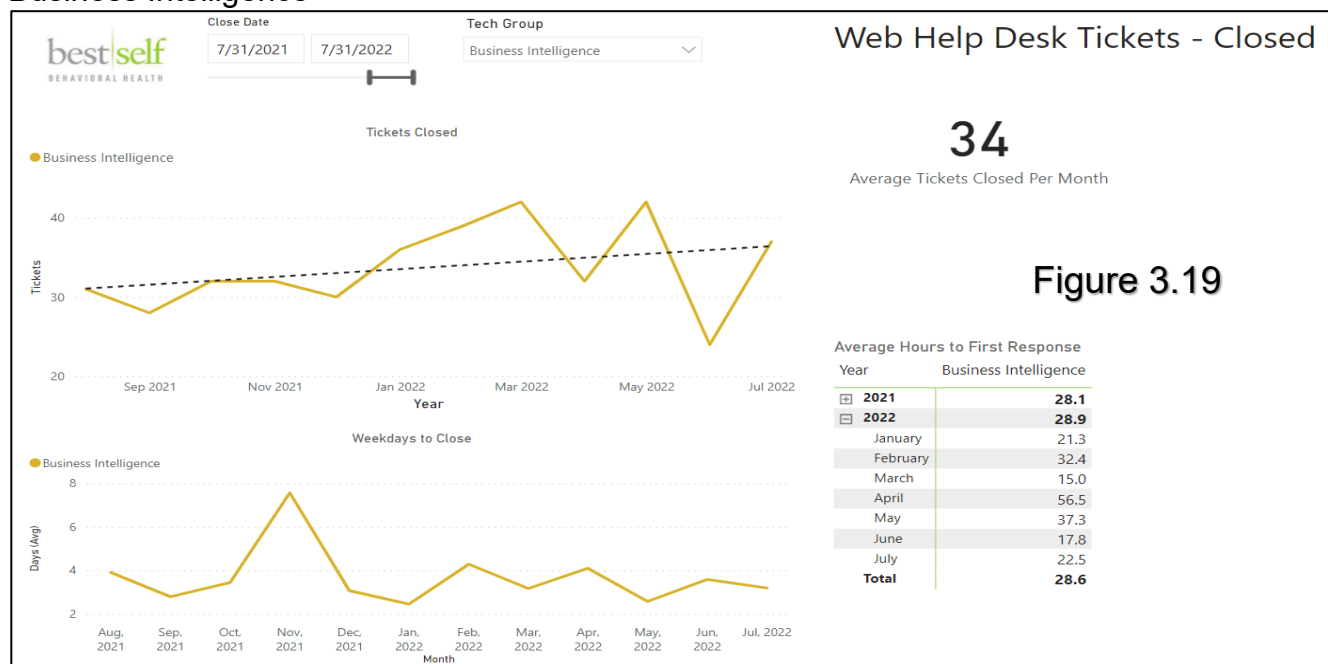
New Tickets, by Month



IT Equipment Orders



Business Intelligence



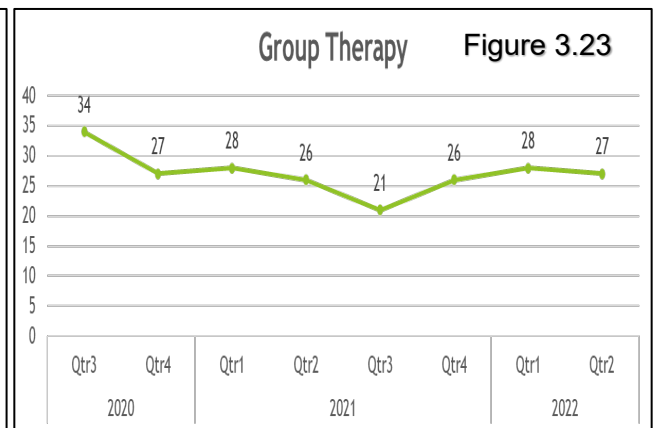
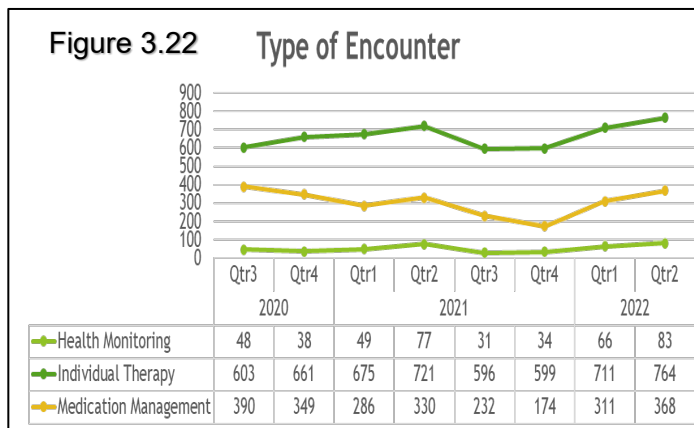
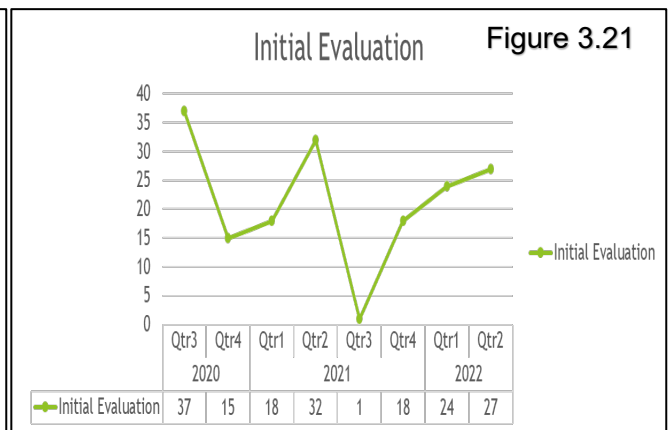
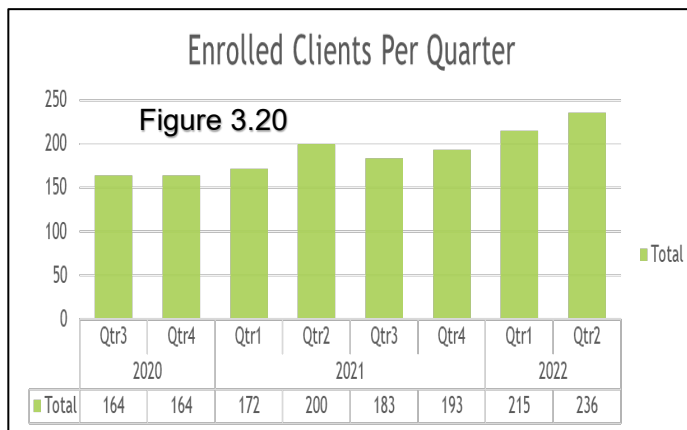
The IT department has taken on a number of different projects for 2022 Q3. Some of the projects include: 2022 IS Readiness & Major Projects Index: MEND telehealth platform, RASI tech integration, Microsoft Cloud email migration, Call data supporting intake ops assessment, Transition from Sophos to MS Defender AV, Microsoft Office (O365) transition, Upgrade to immutable data backups, Data Center performance/security upgrades, and the all agency

transition to Cerner Millennium that goes live on October 11th, 2022.

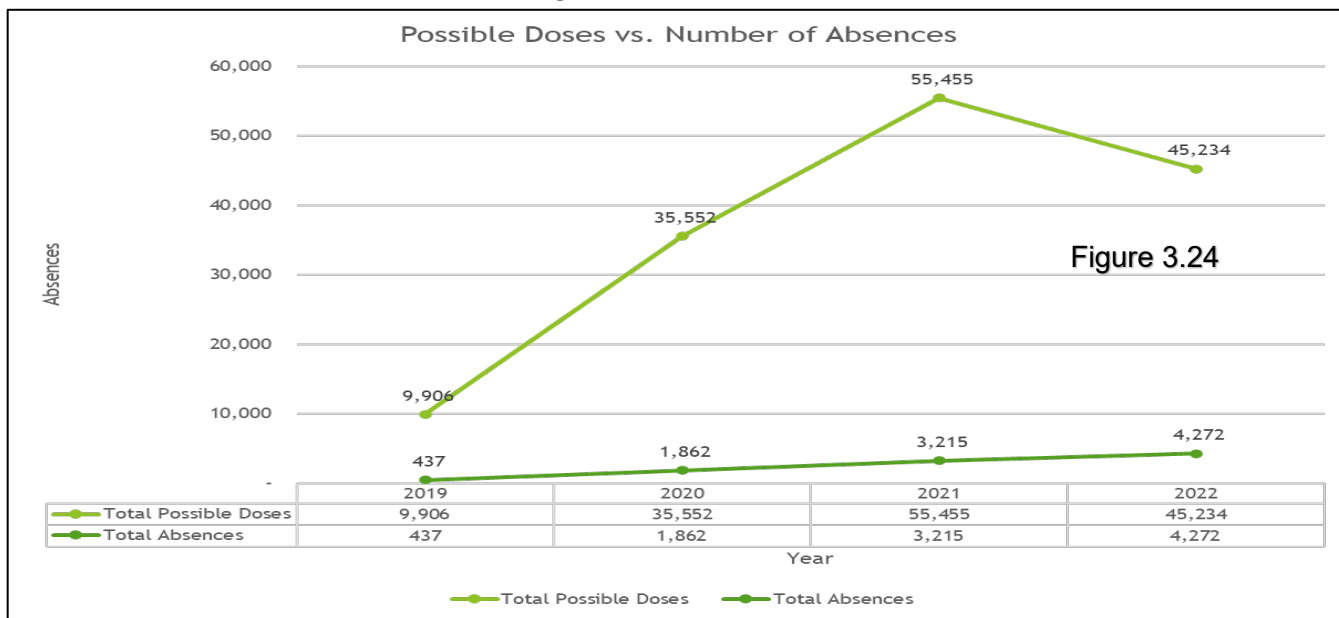
OTP - Opioid Treatment Program

Methadone Treatment has been used for the last 50 years to aid individuals recovering from opioid dependency. This program combines counseling and daily methadone to help a person with an opioid use disorder stabilize from withdrawal and recover from the use of opioids. This form of treatment has allowed individuals to achieve a balanced lifestyle of steady employment, continuing education, a stable home life, and improved health.

2020-2022 Enrollment and Initial Evaluation Trends



Medication Adherence Rates for Active Consumers



2019: 4.41% absences

2021: 5.80% absences

2020: 5.24% absences

2022: 9.44% absences

In Figure 3.23, it displays a high rate of absences in 2022, many OTP consumers receive Treatment Services from outside of Erie County (mainly Chautauqua County). Dylan F. Smith, the OTP Program Director, discussed 2022 implementation of PPO (Preferred Provider Option) in Chautauqua County which restricts transportation services OTP consumers can use for Treatment Services in Erie County due to Transportation Fraud and Waste and that became a significant treatment barrier. Rates of absences may stabilize once PPO becomes more established.

CCBHC

Certified Community Behavioral Health Clinic (CCBHC) is designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs must meet standards for the range of services they provide, and they are required to get people into care quickly. CCBHCs are also required to provide a comprehensive array of behavioral health services so that people who need care are not caught trying to piece together the behavioral health support they need across multiple providers.

There are a total 13 measures that are being tracked and reported. In Figure 3.24, there was a dip in year 2 in the initial evaluation percentage graph, but the numbers have been picking up. Weight assessment for children and BMI screening is trending downward. However, tobacco use screening is trending up.

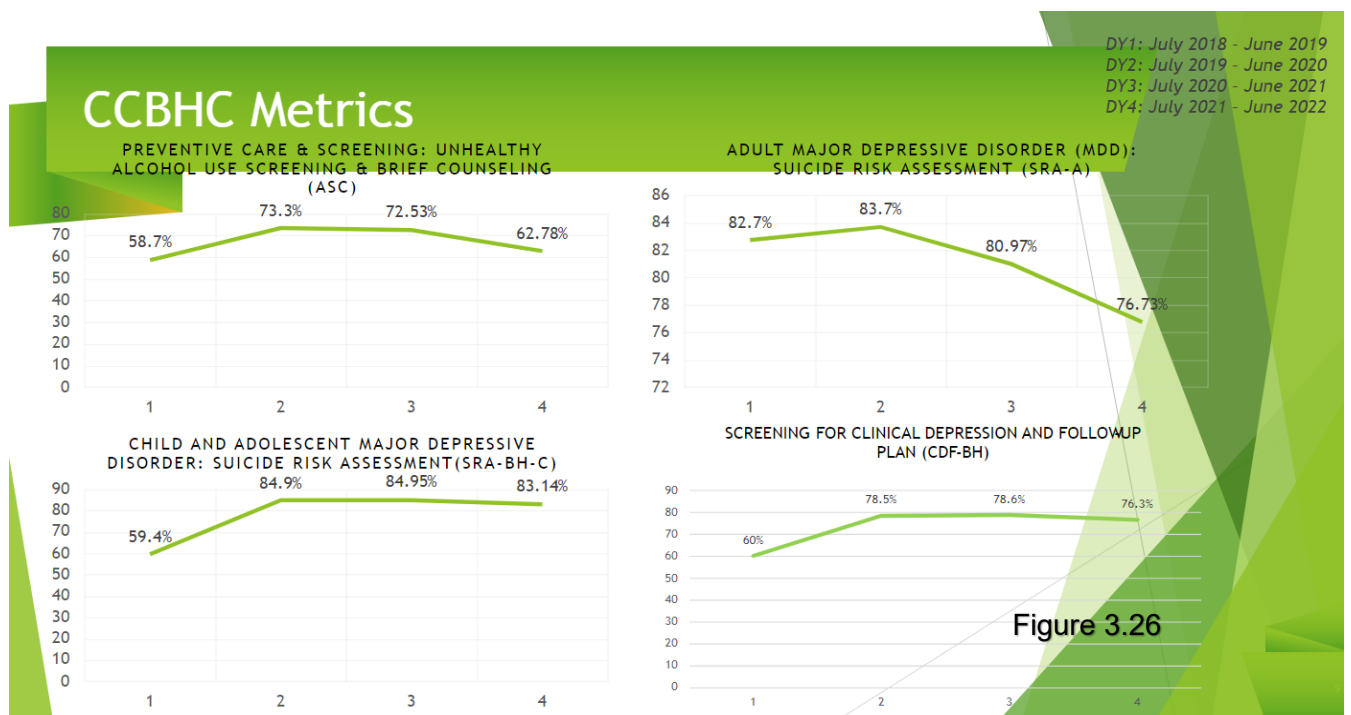
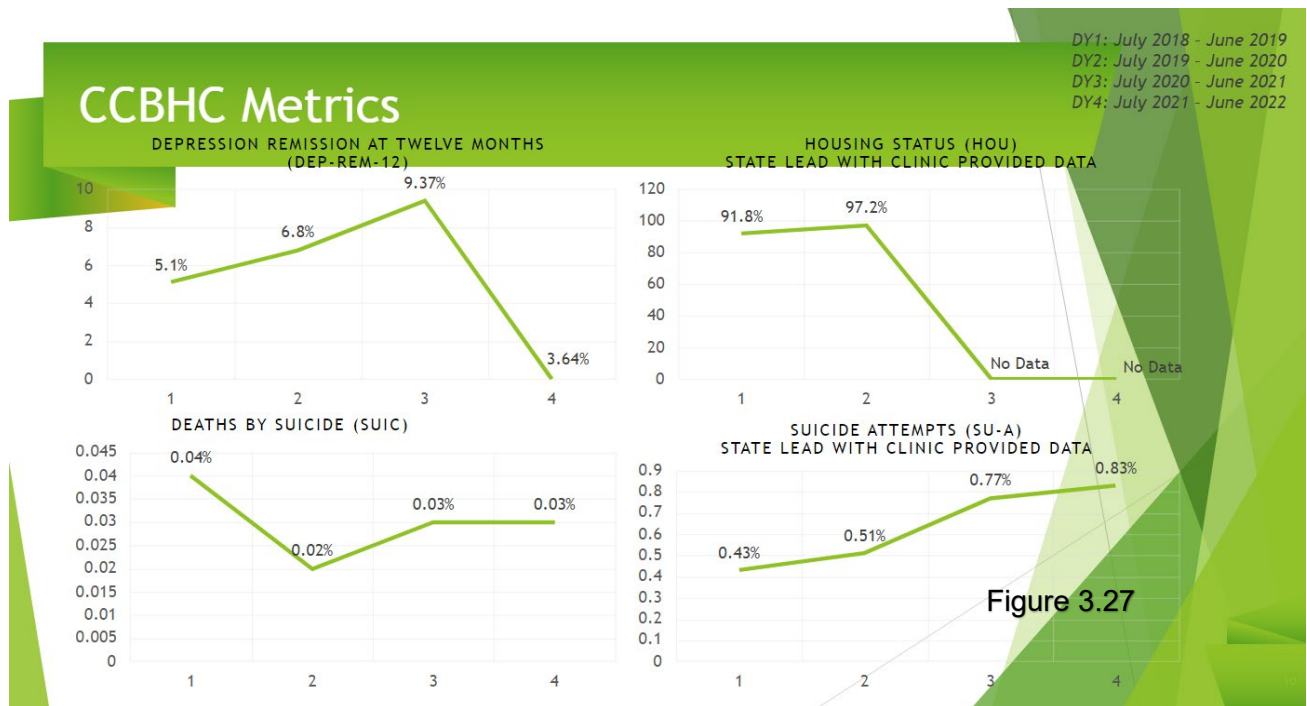
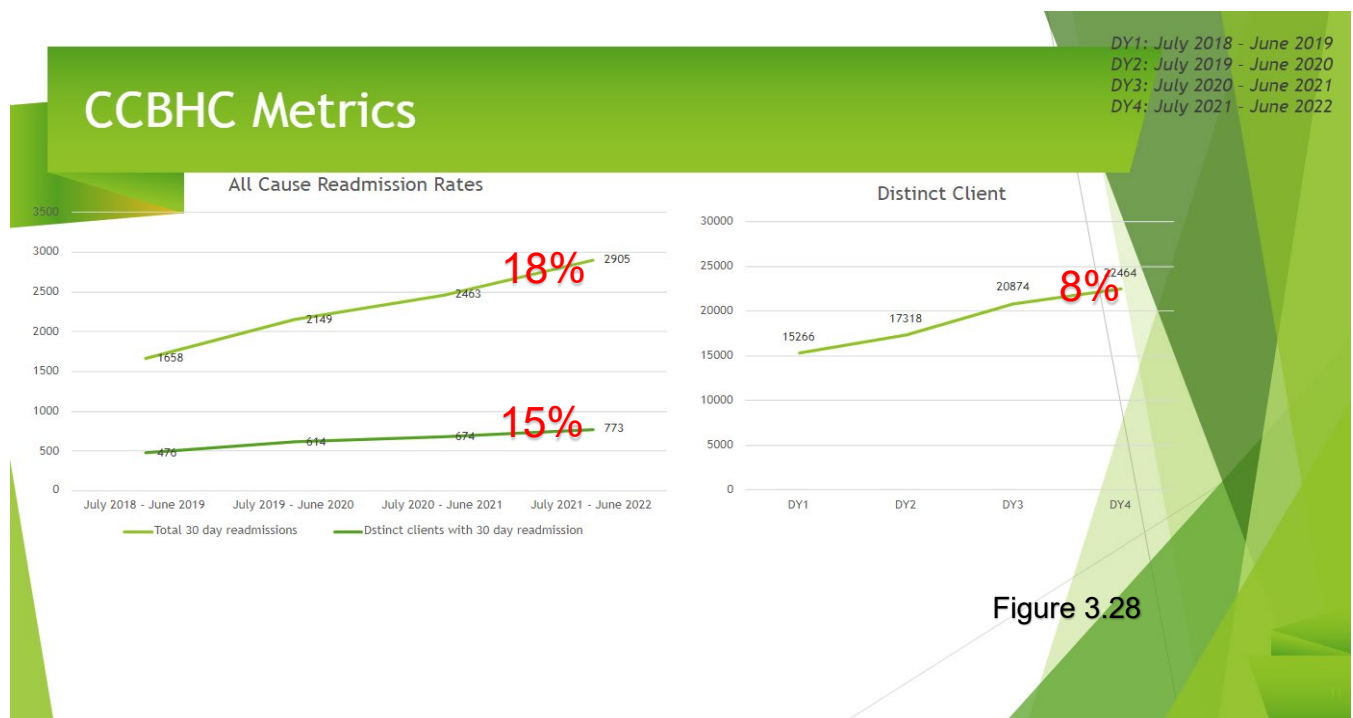


Figure 3.25 shows unhealthy alcohol use screening is trending downward. The Adult MDD Assessment is trending down rapidly. In contrast, the Child MDD screening is maintained around mid-80s, and clinical depression and follow up plan is maintained around mid-70s. In Figure 3.26, the Depression Remission went down rapidly in Year 4, and the Housing Status was in the 90s, but there is no data for Year 3 and Year 4 at this time.



Lastly, All Cause Readmission rates show the trends for the readmission and distinct consumer numbers for the readmission. The change rate for distinct consumers from Year 3 to Year 4 was 15%, and the raw readmission rate change was 18%. The change of distinct number of consumers for CCBHC from Year 3 to Year 4 was 8%. The readmission rate increase was higher than the number of consumer rate increases.

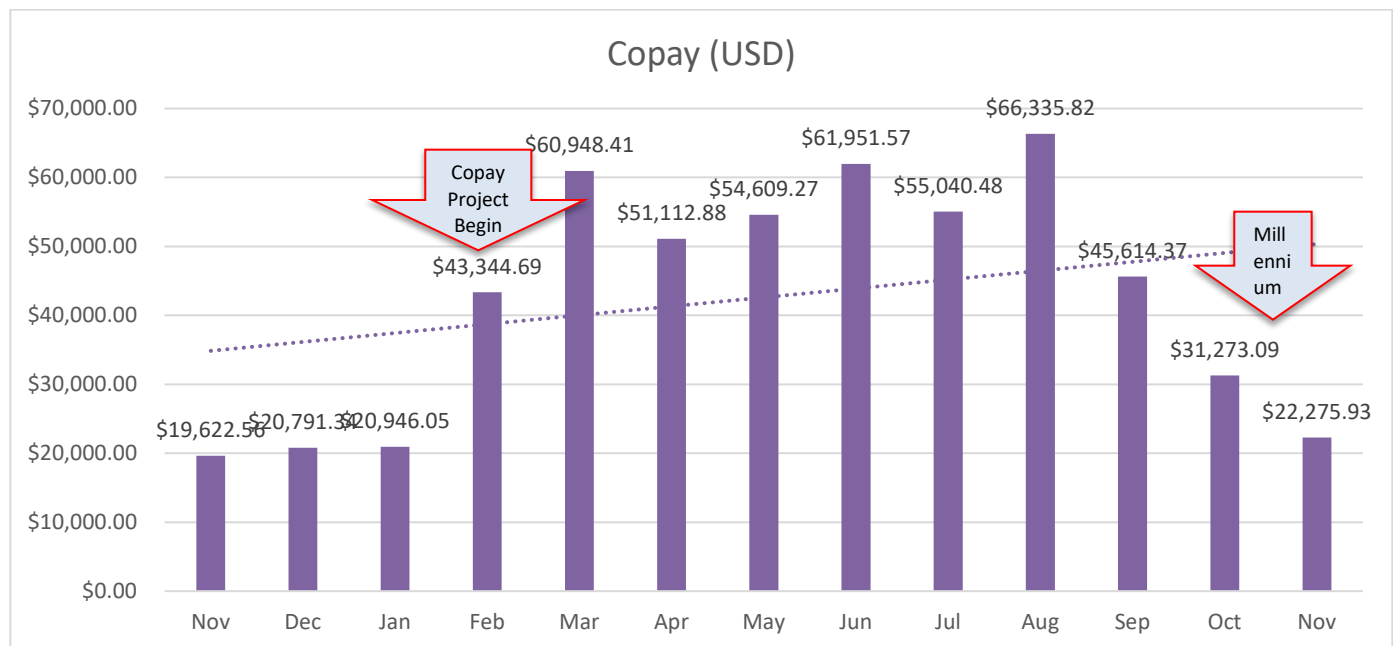


V. 2022 Quality Improvement Projects

After careful review, the QI department identified the following project as the most impactful of the projects we managed 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.

Copay Collection Project

The purpose of this project is to update the workflows and expectations of the 2018 Quality Improvement Fee Collection Project to address the increase in consumer delinquencies as well as the decrease in revenue collected at the Adult and Children's clinics' front desks. Front Office Staff will be able to collect from consumers 100% of the services are rendered, and properly document if the consumer cannot make a payment.



Jieun Park, the Quality Improvement Project Manager, worked in conjunction with BestSelf's Office Managers, Customer Service Representatives (CSR), and the Director of Front-End Operations Manager, Rosa Estevez-Rosario. Quality Improvement seeks to ensure Front Office Staff are confident in their job expectations with the implementation of this Copay Collection Project. We have collected \$492,506.51 since project, and in 2022, \$513,452.56 as of the end of November 2022.

Accreditations

Council on Accreditation (COA)

BestSelf has completed the process of accreditation through the Council on Accreditation (COA). This accreditation is an extensive activity of reviewing policies, procedures, and processes to ensure we are meeting the best practice standards COA requires. This process has been ongoing since early 2021, with the collections of self-study evidence for each program. In April 2022, the self-study collection was completed and submitted to COA for review. The on-site visit with the COA Peer Reviewers occurred in June 2022.

BestSelf came through the reaccreditation with no corrective action plans necessary. Roughly only 30% of the agencies who seek accreditation are granted this expedited status. Thank you to all staff who were a significant part of the success of this project.

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 2022, 78 policies and procedures were added and/or reviewed and adjusted.

Racial Equity and Inclusion (REI) Policy and Procedure Committee

In 2022, BestSelf developed several 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 many BestSelf staff participate in the committee.

In 2022, at least 6 new and existing policies were reviewed by the REI Policy and Procedure Committee and several suggestions were incorporated to ensure racial equity and inclusion in BestSelf's policies and procedures.

VI. Acknowledgements

Thank you to the Program Directors for their help collecting data for the annual and quarterly reports, as well as their continuous commitment to BestSelf and their programs.

Thank you to the Office Managers, and CSRs for their efforts around the copay collection project. Without their input and ongoing efforts, the project would not be as successful as it has come to be.

Thank you to the Business Intelligence department for assistance in pulling reports and their commitment to ensuring the quality of our data.

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 Jieun Park at jpark@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
Jieun Park	Quality Improvement Project Manager
Anne Dernbach	QI Coordinator
Christina Carr.....	QI Coordinator
Cameron Cunningham	QI Project Assistant
Katya Kukhto	Senior Data Manager
Frances Marquez	Data Manager
Jessie McKeown.....	Data Manager

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 in BestSelf’s [SharePoint](#):

[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 Jieun Park by email or phone.

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