

January 1 – March 31, 2023

# PERFORMANCE & QUALITY IMPROVEMENT

Quarterly Report  
Q1 2023



# I. Demographics

BestSelf Behavioral Health (BBH or BestSelf) offers a range of behavioral health services to individuals from the age of two through to adulthood, is committed to fostering a culture of excellence and continuous quality improvement.

With 47 mental health and substance abuse clinics and satellites, BBH provides evidence-based, accessible, and family-focused services that aim to promote health, hope, recovery, and an enhanced quality of life for their consumers. Our vision is to empower everyone to be their BestSelf, while the mission is to provide innovative, evidence-based, accessible, and family-focused behavioral health services to promote health, hope, recovery, and an enhanced quality of life.

## 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.

To ensure the continuous improvement of our operations and consumer services, BBH produces a Performance and Quality Improvement (PQI) report every quarter, with an annual report released at the end of each year. The PQI process covers all aspects of the organization, with the belief that there are always opportunities to improve for the benefit of both consumers and staff. The report provides transparent data on the projects that have been addressed in the past quarter, including outcome measures for individual programs and departments.

As the Quality Improvement Department grows, BBH has the capacity to take on more projects for the furtherance of the agency. The report demonstrates the steps BBH is taking to become a data-driven organization and move forward on the path of continuous improvement, reaffirming our commitment to providing the best quality of services to our consumers.

Figure 1.1 in the report indicates the four quarters of the year, and the report focuses on changes and improvements made during the first quarter of 2023.

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

Business Intelligence provided demographic information about BestSelf consumers through electronic medical records (EMR), including age, ethnicity, race, sex assigned at birth, and language. This data was collected for distinct consumers who were active and received services from January 2023 to March 2023, and is presented in Figures 2.1 to 2.5.

Figure 2.1 illustrates the age demographics of BestSelf consumers, showing that the majority fall between 18 and 64 years old, comprising more than 68% of the total consumer base.

Figures 2.2 and 2.3 depict the ethnicity and race breakdown of BestSelf consumers. Figure 2.2 shows that 76% of consumers identified as not Hispanic, with only 1.9% identifying as Hispanic, and 20% having unidentified ethnicity data.

Figure 2.3 indicates that 60% of consumers had unidentified race data, while 25% identified as Caucasian, 6% as African American, and 3% as Other. The remaining consumers were categorized as American Indian/Alaskan Native, Asian, Asian Indian, Hawaiian or other Pacific Islanders, Hispanic or Latino, Filipino, Vietnamese, Samoan, among others.

Figure 2.4 shows the sex assigned at birth demographics of BestSelf consumers, with 59% of consumers assigned as female and 40% assigned as male.

Finally, while BestSelf consumers speak over 20 different languages, Figure 2.5 shows that English, Spanish, and Arabic are the most common. Only 1.73% of consumers spoke another language.

Figure 2.1 - Age Demographics

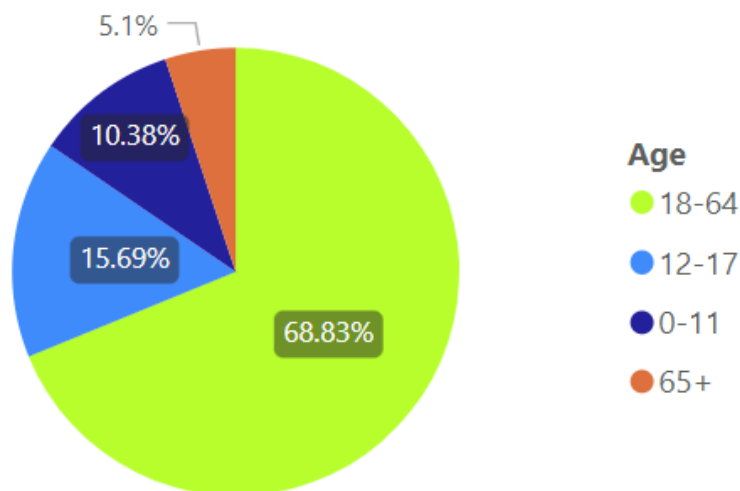


Figure 2.2 - Ethnicity Breakdown

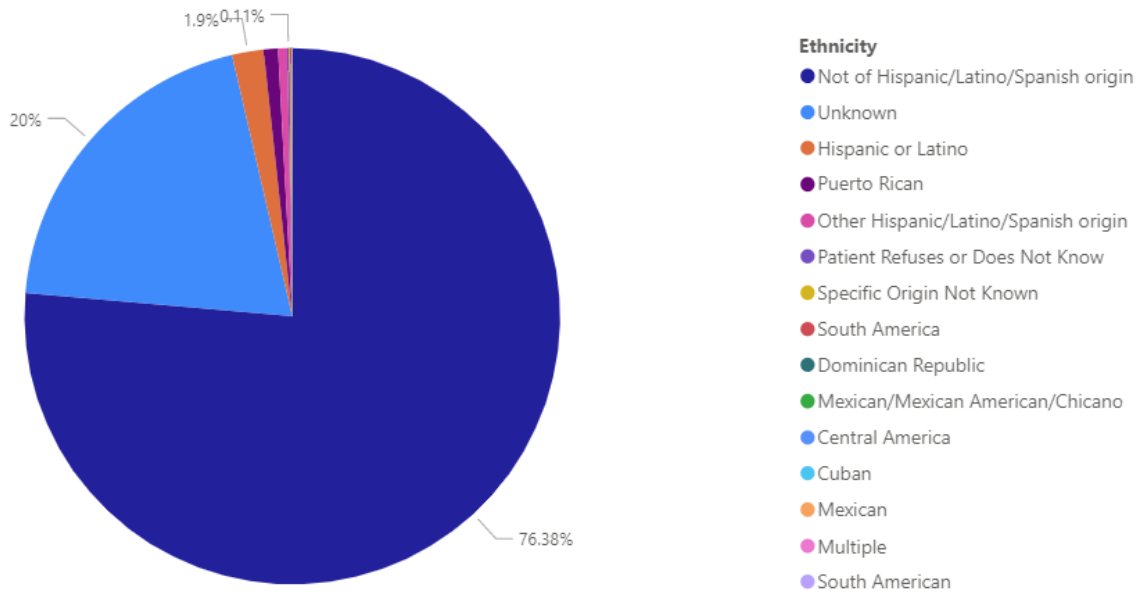


Figure 2.3 Race Breakdown

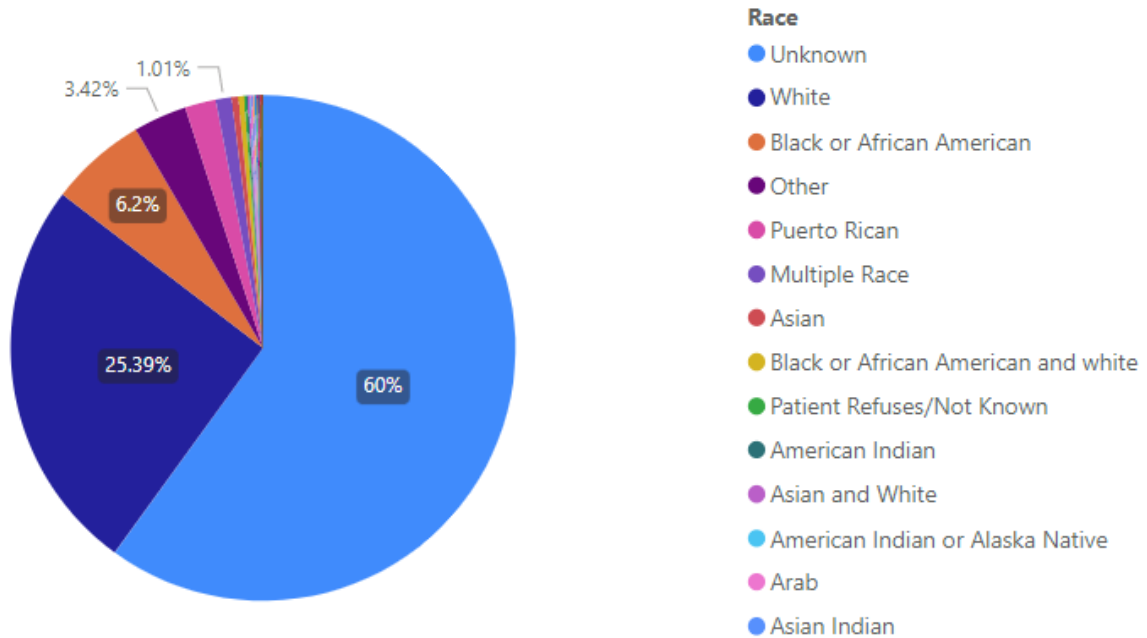


Figure 2.4 - Sex Demographics

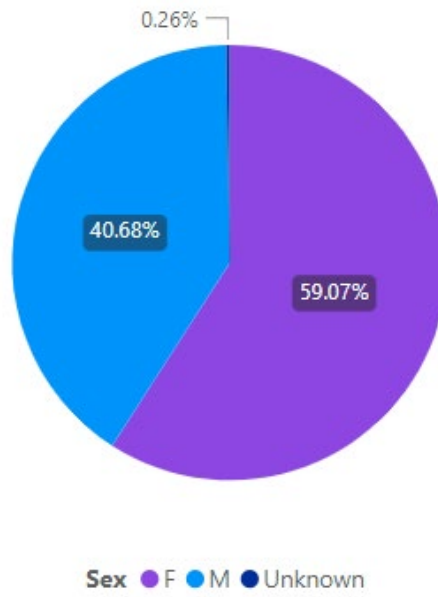
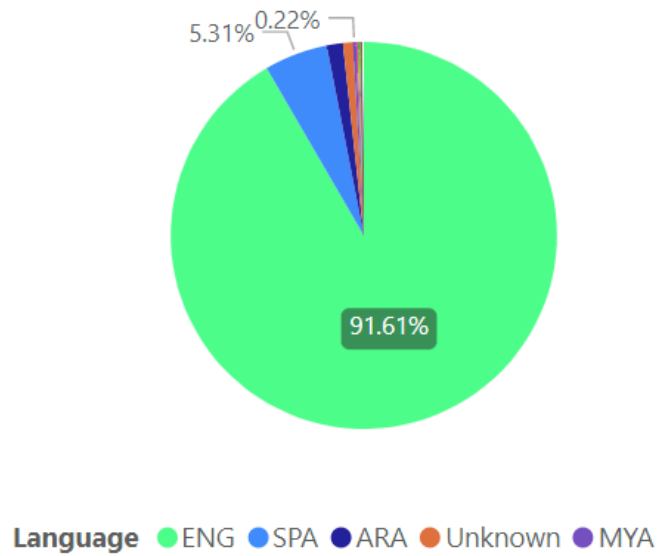


Figure 2.5 - Language Demographics



## **II. Program/ Department Outcome Measures**

On an annual basis, the Vice President of Quality Improvement and Accreditation collaborates with the Vice Presidents and Program Directors of each program and department to review their outcome measures. The selection of these measures considers various factors, including regulatory requirements and data that is being tracked.

Each Quarterly Report features several BestSelf's programs. For the first quarter of 2023, the PQI Quarterly Report will feature: Adult and Children Health Home, OnTrack, and OTP.

### **Adult Health Home**

Health Homes is a program that provides comprehensive care management, care coordination, health promotion, transitional care/follow-up, consumer and family support, and referral to community and social support services for individuals with Medicaid who have chronic conditions like mental health, substance abuse, asthma, diabetes, heart disease, and being overweight. Eligibility requires having two or more chronic conditions, one chronic condition and being at risk for a second, or one serious and persistent mental health condition.

Health Homes service providers are required to report quality measures to the state. BestSelf Health Homes focuses on reducing the number of unnecessary emergency department and hospital visits. To achieve this, Health Homes workers receive Admission Discharge reports daily to ensure that hospital discharges are captured and that consumers receive appropriate care.

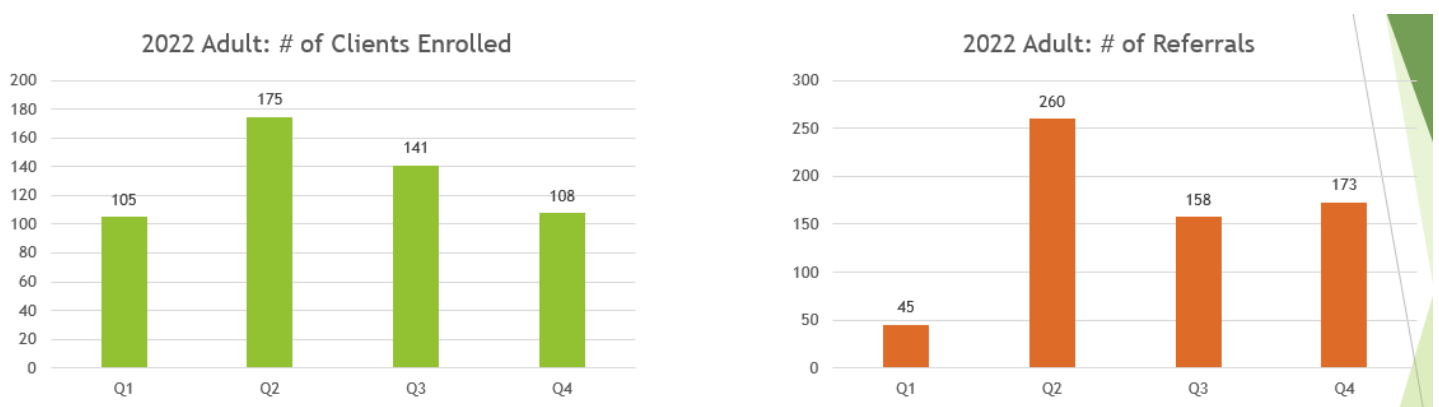
Consumers receive support between appointments and appropriate follow-ups after hospitalization. These efforts can help individuals with chronic conditions receive timely and appropriate care, leading to better health outcomes and lower healthcare costs. Additionally, this approach improves the connection between consumers and their care providers and reduces the likelihood of unnecessary ED visits.

Figure 3.1



After reviewing the hospital discharge trends for 2022, the team noticed a spike in the total and distinct number of consumers visiting the ED in Q3 as shown in Figure 3.1. However, the numbers went back to a steady pace in Q4. To help reduce these numbers, Health Homes care managers have been working diligently to assist consumers in a timely manner.

Figure 3.2

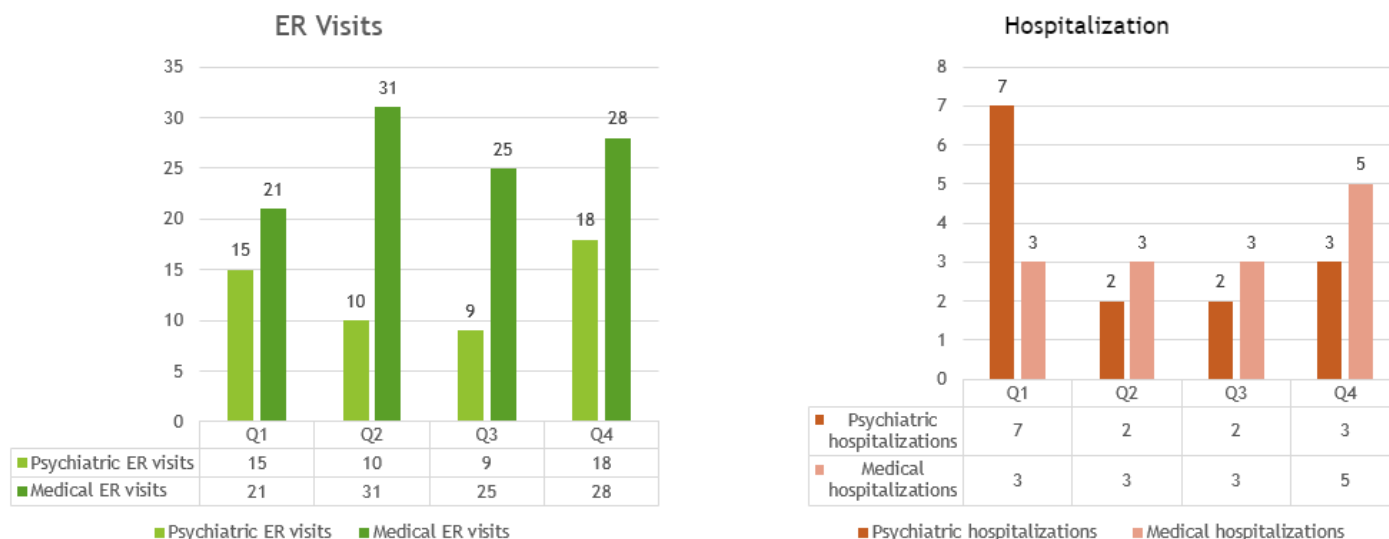


In Figure 3.2, the graphs display a significant decrease in the number of consumers enrolled and referrals from Q2 to Q3 and Q4. The team reported that the decline is attributed to an unstable staffing issue. Therefore, it is crucial to address staffing concerns to ensure that consumers can continue to receive the care they need.

## Children Health Homes

One of the major challenges facing healthcare providers is the effective management of consumer data. The Children Health Homes team voiced that inaccurate or incomplete data can lead to poor decision-making, affecting consumer care and outcomes.

Figure 3.3



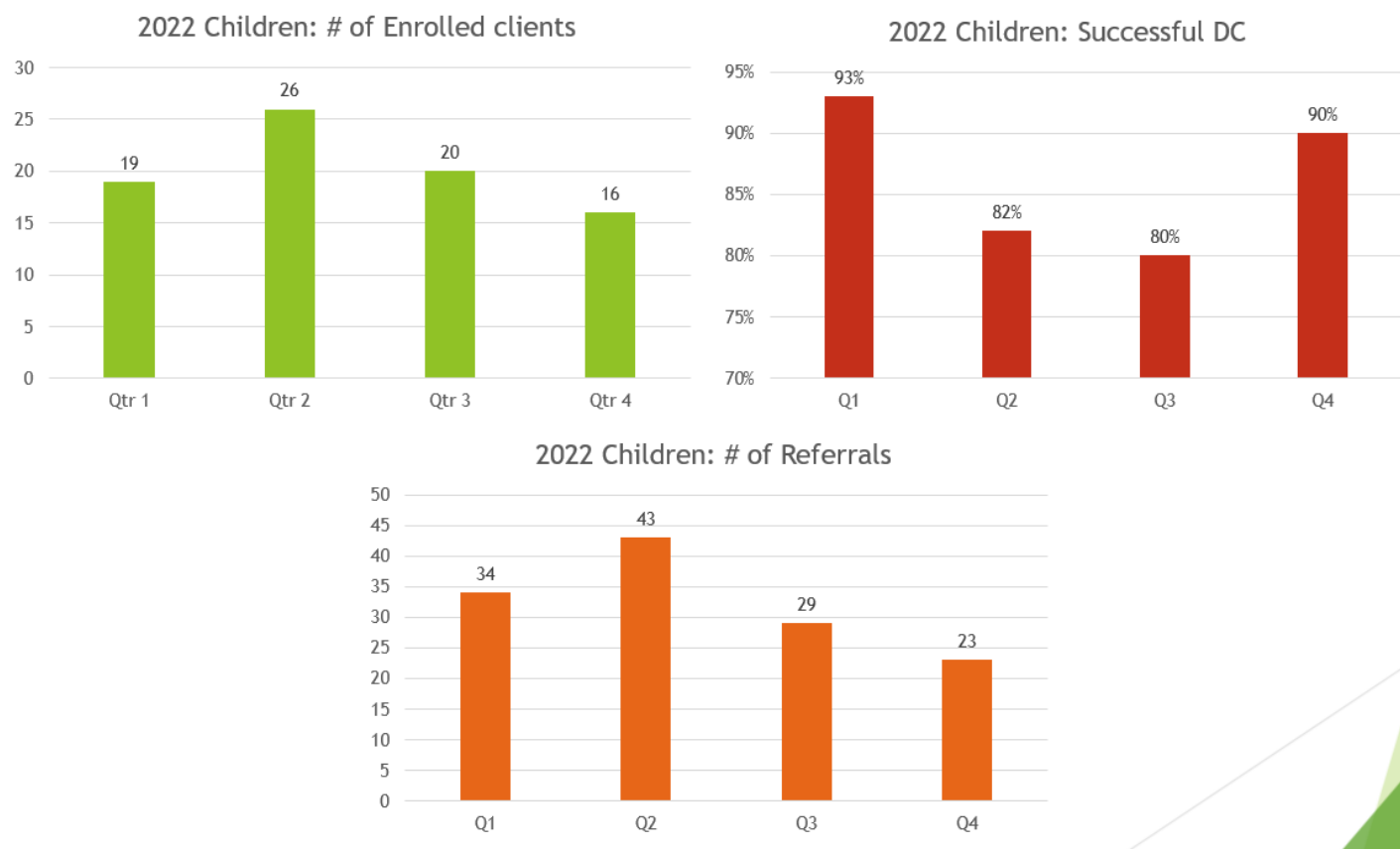
In Figure 3.3, Both psychiatric and medical hospital visits remained at relatively the same level throughout the year 2022. The goal is set to keep the percentage under 12% for hospitalizations and 5% for emergency room visits, and the ratio will be tracked in 2023. Care managers in Children Health Homes are working diligently to help consumers in a timely manner to reduce these numbers, however, the team raised some concerns.

One of the challenges they face is the receipt of duplicate health alerts for the same event date and consumer. Duplicate alerts can lead to confusion and unnecessary work for healthcare providers. To address this challenge, they suggested BBH review their alerting system and ensure that duplicate alerts are not being generated.

There are also situations where consumers go to certain agencies where BBH does not receive health alerts due to health records integration issues. This can lead to gaps in consumer data and make it difficult for healthcare providers to make informed decisions.



Figure 3.4



In Figure 3.4, the graphs show a significant decrease in both the number of consumers enrolled and referrals from Q2. The successful discharge rates show dips in Q2 and Q3. One of the key challenges BBH, including the Children Health Homes faces in managing consumer data is the issue of consumer management who have been discharged from the program. Health alerts continue to come in for those consumers, which creates a discrepancy in data and waste of resources. To address this challenge, it was suggested that BBH ensures that consumer records are updated in real-time in Millennium. Closed consumer records should be reviewed and removed from the system to prevent any further health alerts.

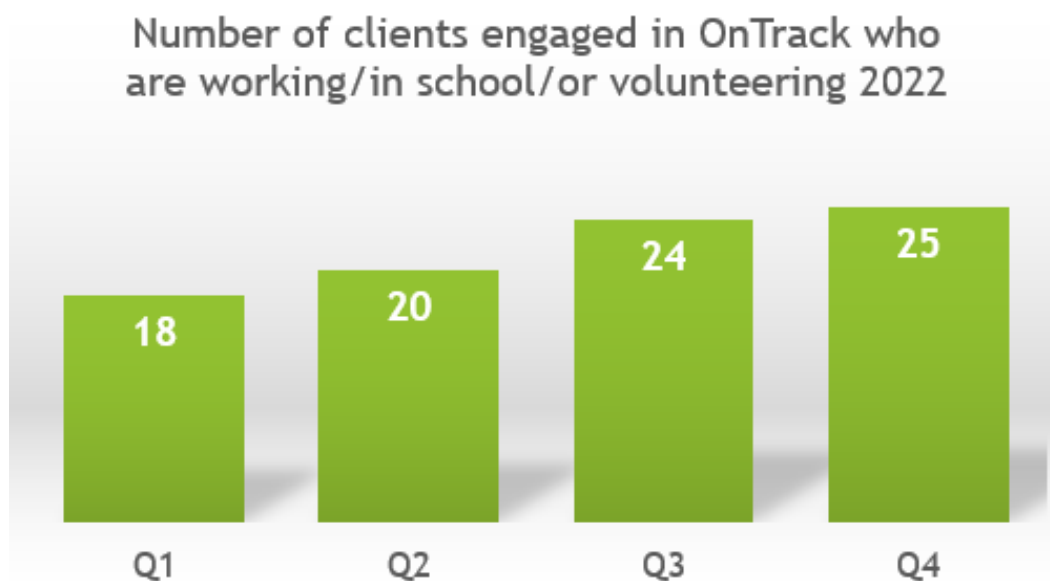
The Children Health Homes team noticed some families go to the hospital solely to receive translation services, which can lead to unnecessary hospitalizations. It is imperative that the agency ensures language services are readily available to families who need them. This can help prevent unnecessary hospitalizations and improve the overall quality of consumer care.

In conclusion, the effective management of consumer data is crucial to improving the quality of consumer care. As discussed, BBH faces several challenges in managing consumer data, including discharged consumer records, duplicate alerts, and language barriers.

## OnTrack

Mental health is a critical component of overall well-being, and timely intervention can make a significant difference in the outcome of treatment. OnTrack, BBH's First-Episode Psychosis program, aims to support individuals experiencing their first episode of psychosis by providing tailored care and support.

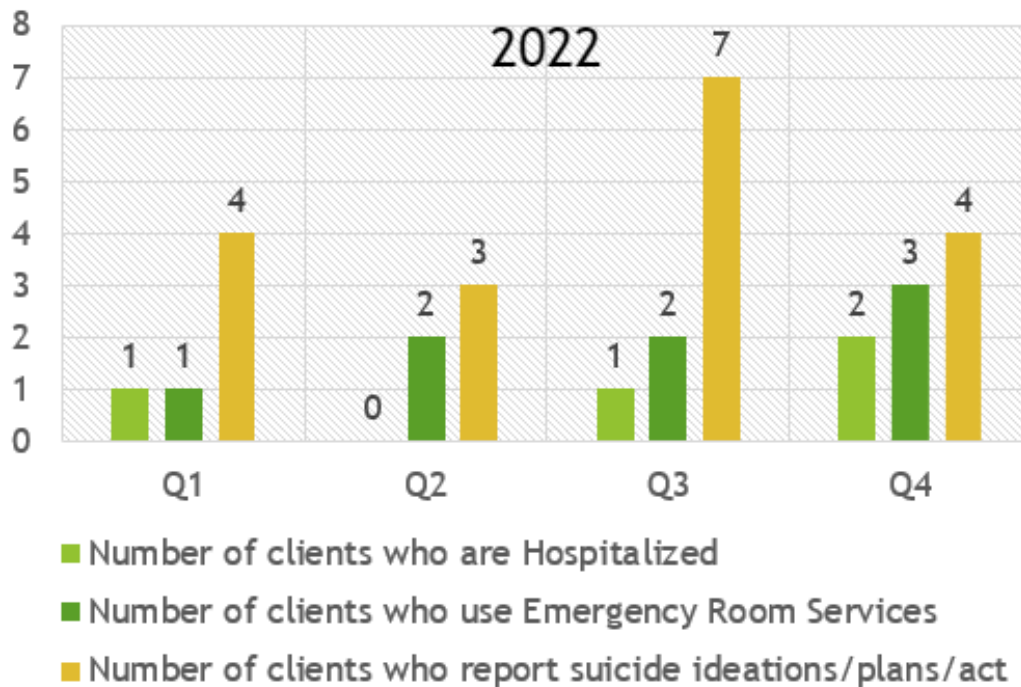
Figure 3.5



OnTrack has achieved a positive increase in the metric for those who work, go to school, or volunteer. There has been a gradual increase in each quarter of 2022. This is a significant achievement for the program and indicates that individuals who have experienced their first episode of psychosis are receiving the necessary support to continue their daily activities.

The program's success in achieving this metric can be attributed to the tailored care and support provided to individuals. The program's staff works closely with each individual to develop an individualized treatment plan that addresses their unique needs and goals. This includes support in developing job skills, identifying volunteer opportunities, and enrolling in educational programs. The program's staff also provides support in managing symptoms and developing coping skills, which can help individuals to maintain their daily activities.

Figure 3.6



OnTrack recently launched a new Suicide Prevention project. The project includes a new screening tool that asks different questions than the Columbia-Suicide Severity Rating Scale (CSSRS), which may explain the spike in Q3 data in Figure 3.6. Most of the numbers were similar when comparing 2021 and 2022.

The Suicide Prevention project's goal is to identify individuals at risk of suicide and provide timely intervention and support. This is a critical component of the program, as individuals experiencing their first episode of psychosis may be at an increased risk of suicidal thoughts or behaviors. The new screening tool will help identify these individuals and allow the program's staff to provide the necessary support and care.

OnTrack reported they have seen an increase in the number of new consumers since November 2022. While this is a positive development, it also presents new challenges. Some consumers may not be working as closely with certain supporting staff or may not have access to the same resources as other consumers. This can affect the accuracy of the program's metric and require adjustments to the program's approach to treatment.

Moving forward, OnTrack will need to continue to adapt to the changing needs of their consumers. This includes identifying new resources and developing new approaches to treatment. The program's success will depend on their ability to remain flexible and responsive to the unique needs of each individual.

## **OTP - Opioid Treatment Program**

Providing high-quality care and support to individuals who require mental health services is essential for their overall wellbeing. However, achieving this goal can be challenging, especially in programs that face staffing shortages or changes in technology.

OTP has faced several challenges in recent months, including difficulty with the Millennium transition. This transition involved implementing new technology, which has been a significant challenge for some staff members. Additionally, staffing shortages have been a significant issue, with only one RN being available for the month of December.

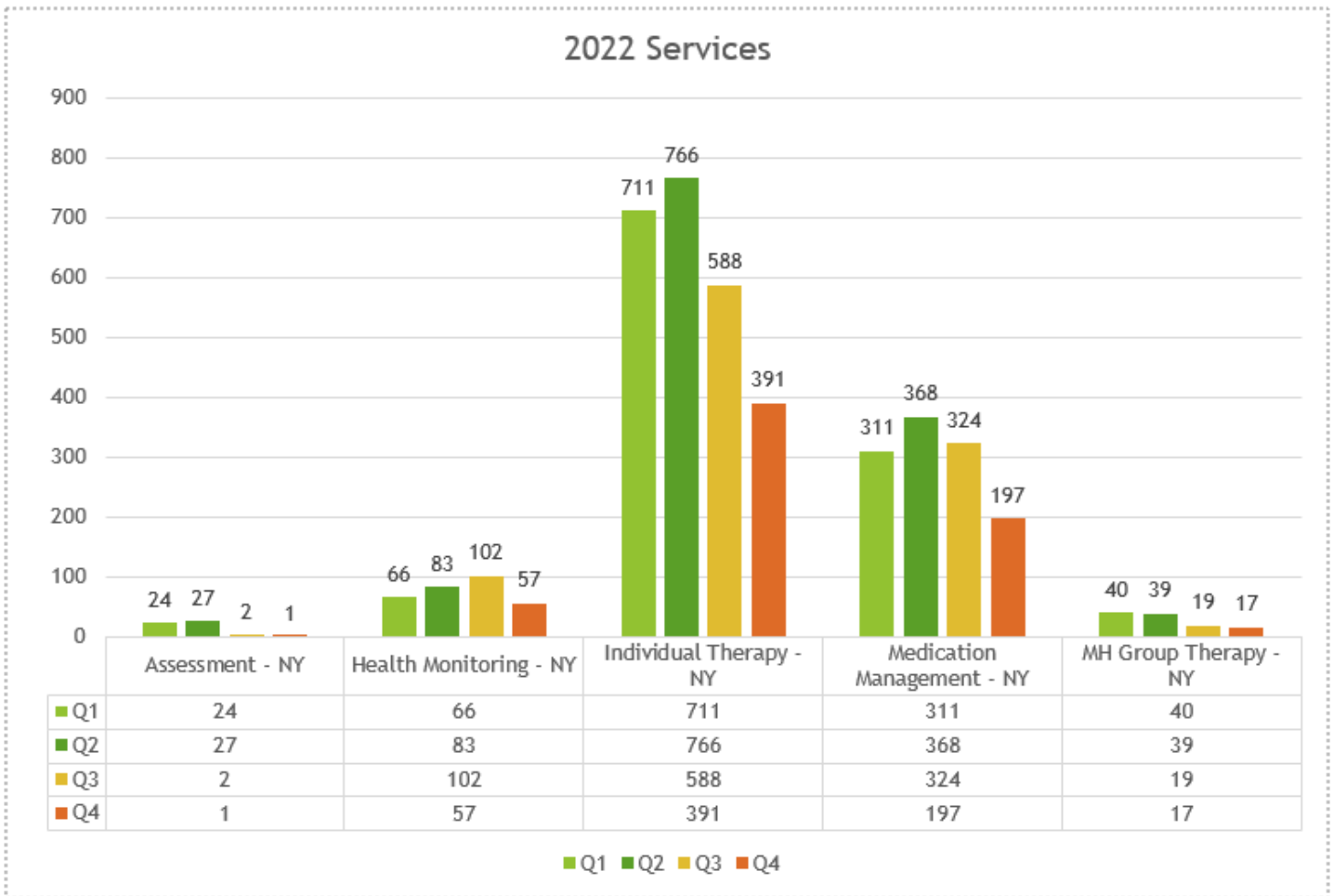
Staff PTO around the holidays has also contributed to staffing shortages, making it challenging to provide the necessary care and support. Furthermore, staff turnover can be a significant challenge for mental health programs, as the loss of experienced staff can impact the program's efficiency and ability to provide high-quality care.

To address the challenges faced by OTP, the team suggested a couple of potential ways to improve the program. One potential solution is to change the building layout to improve the efficiency of operations. This could involve reorganizing the space to optimize workflow and reduce inefficiencies. For example, staff may need to move between different areas of the building frequently, and improving the layout could help to minimize travel time and reduce the risk of delays.

Another potential way to improve the program is to change the philosophy of treatment. This could involve a shift towards a more holistic approach to care, which considers the individual's physical, mental, and emotional needs. This approach can be more effective in helping individuals achieve long-term wellness and reduce the risk of relapse.

Additionally, providing more opportunities for staff development and training can improve the program's efficiency and effectiveness. This can help staff to feel more engaged and invested in their work, which can lead to better outcomes for consumers.

Figure 3.7



In conclusion, looking at Figure 3.7, the decline in all metrics throughout 2022 quarters are directly related to the challenges mentioned above. Providing high-quality mental health care and support is essential for the overall wellbeing of individuals. However, programs face many challenges, including staffing shortages, technology transitions, and staff turnover. To address these challenges, the team suggested changing the building layout and philosophy of treatment, providing staff development, and training opportunities, and improving communication and collaboration among staff members. By addressing these challenges and implementing these improvements, OTP can continue to provide the highest quality care and support to individuals in need.

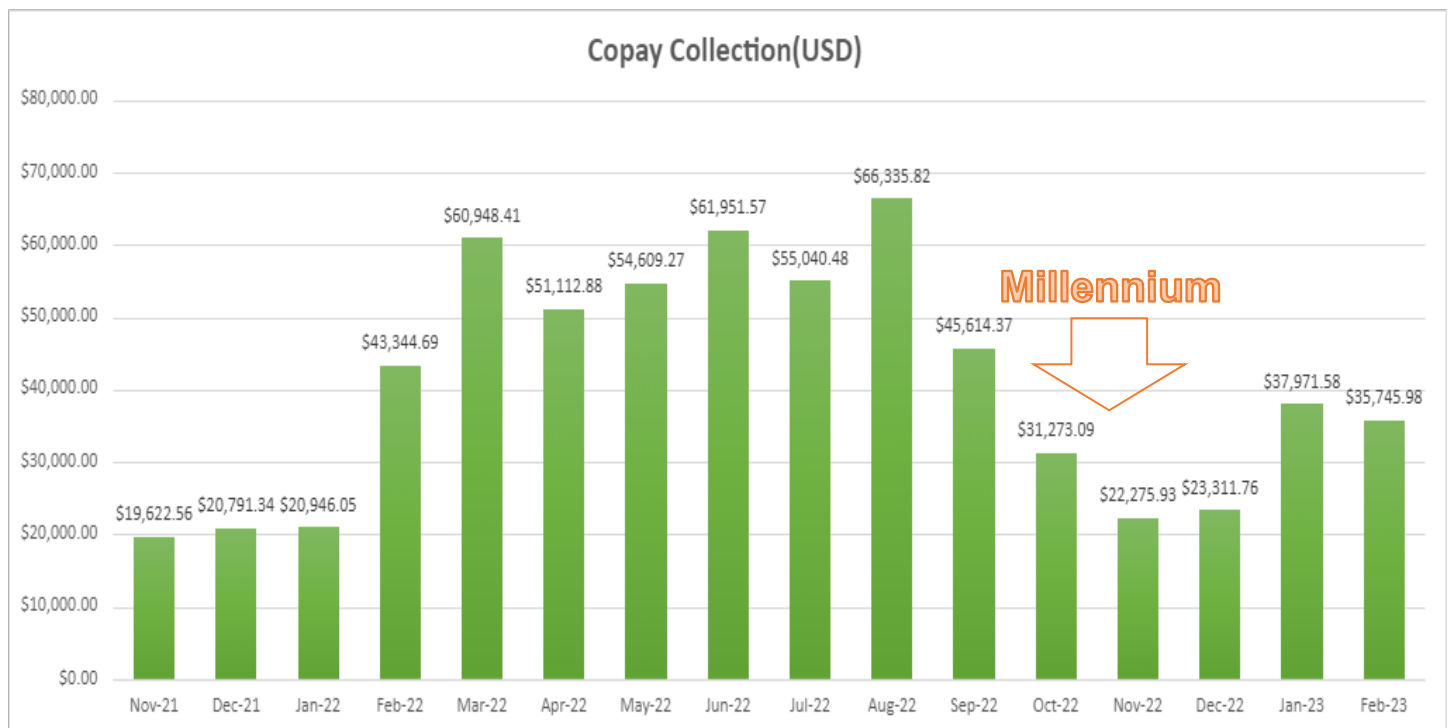
## Quality Improvement Projects

### **Copay Collection Project**

The goal of the Quality Improvement Fee Collection Project was to update workflows and expectations to address consumer delinquencies and decrease in revenue collected. However, the project has faced some challenges since its implementation. The Quality Improvement project team had a change in personnel that led to some difficulties in managing the project and maintaining continuity.

Additionally, the front offices have reported difficulty in collecting expected amounts due to electronic system changes. This has made it difficult to compare the collected amount by the copay with the expected amount, which can help assess the effectiveness of the project. This puts the project in a difficult position and requires additional attention to determine the root cause of the electronic system difficulty and identify solutions to address it.

*Figure 4.1*



Jieun Park, QI Project Manager, continues to work closely with the Office Managers, Customer Service Representatives, and the director of Front-End Operations to address the electronic system difficulty and develop solutions to improve the collection process. This could involve providing additional training for staff on how to use the electronic system effectively or implementing a new system that is more user-friendly.

Additionally, Jieun Park will continue to monitor the progress of the project through weekly reports to ensure front office staff are aware and comfortable with collecting consumer co-payments.

Overall, while the Quality Improvement Fee Collection Project has faced some challenges, we will continue to work towards achieving its goals by addressing the electronic system difficulty. The Quality Improvement team will continue to ensure that front office staff are confident in their job expectations and able to collect consumer co-payments effectively, ultimately leading to an increase in revenue collected.

## RAS admission

The RAS admissions project is an initiative aimed at improving the intake process of the Renaissance Addiction Services (RAS) program.

Figure 4.2

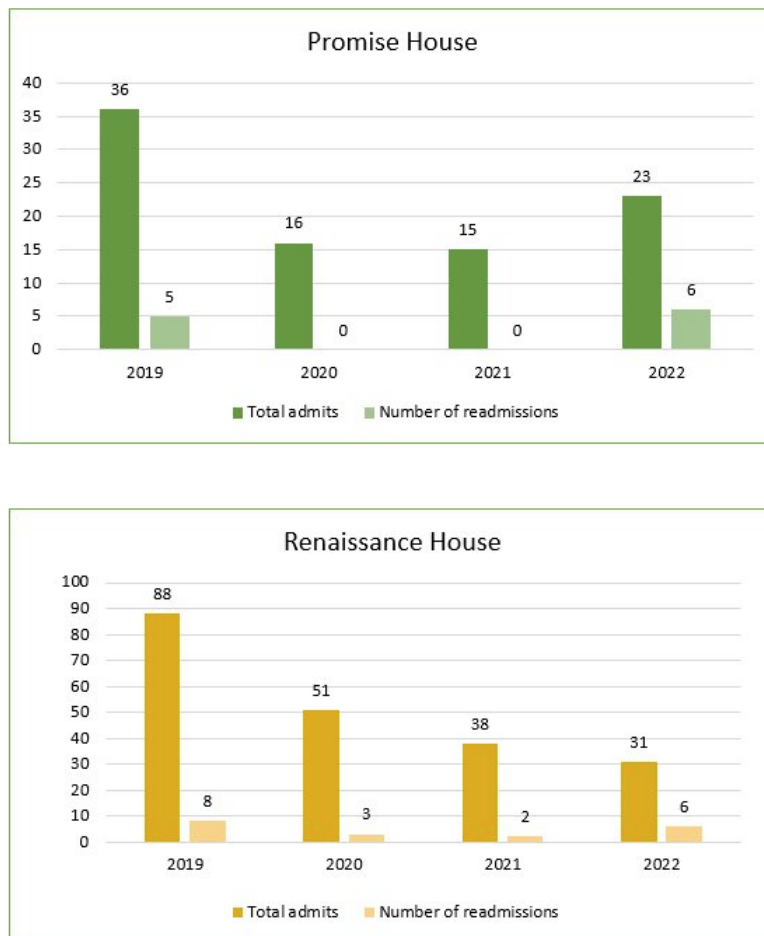
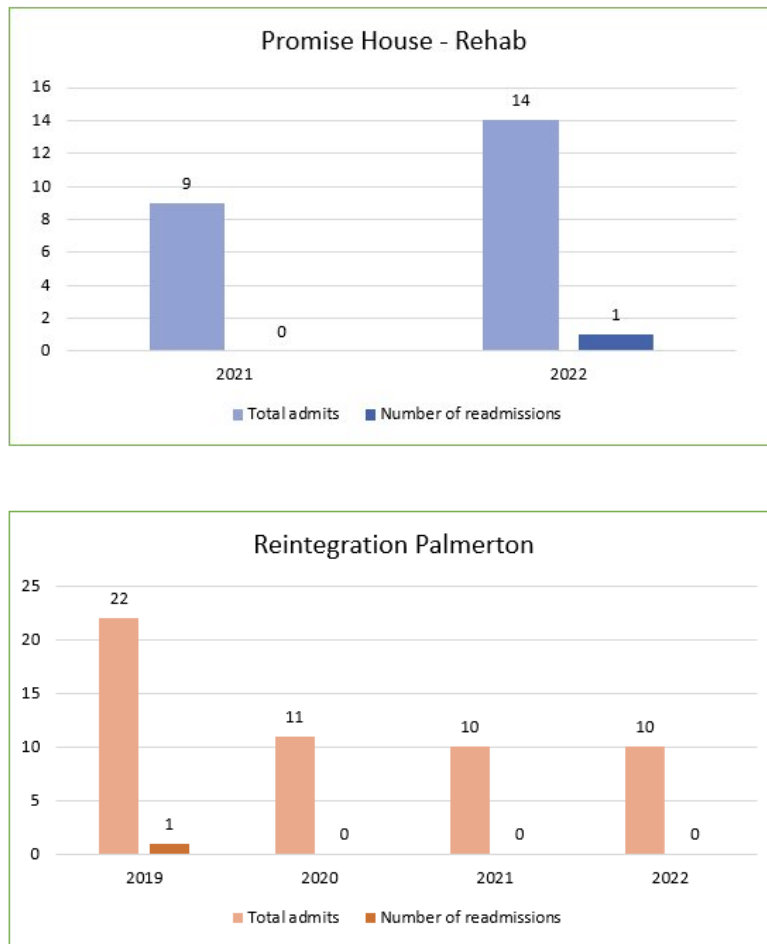


Figure 4.3



From Figure 4.2 and 4.3, it is evident that the intake slowed down starting 2020, which was a direct effect of COVID measures and staffing changes due to it. To address the issue, a project team was gathered to assess the situation and improve admission procedures.

The project began with the use of the fishbone diagram to identify the cause-and-effect relationship of quality issues related to the intake process. The fishbone diagram helped in refining the problem statement by identifying the 6 M's: Man (Staffing), Method (Process), Measurement (what you need to count), Materials (Materials you need to complete your job), Machine (computers, technology, etc.), and Mother Nature (Environment- what does the office look like).

Then the project team reviewed the pieces of the intake process and discussed barriers to admission, including the collection of documents and concerns with criteria. The team discussed the tracking system. Jieun Park, QI Project Manager, set up a SharePoint list as well as the dashboard to see the outcome in a timely manner.

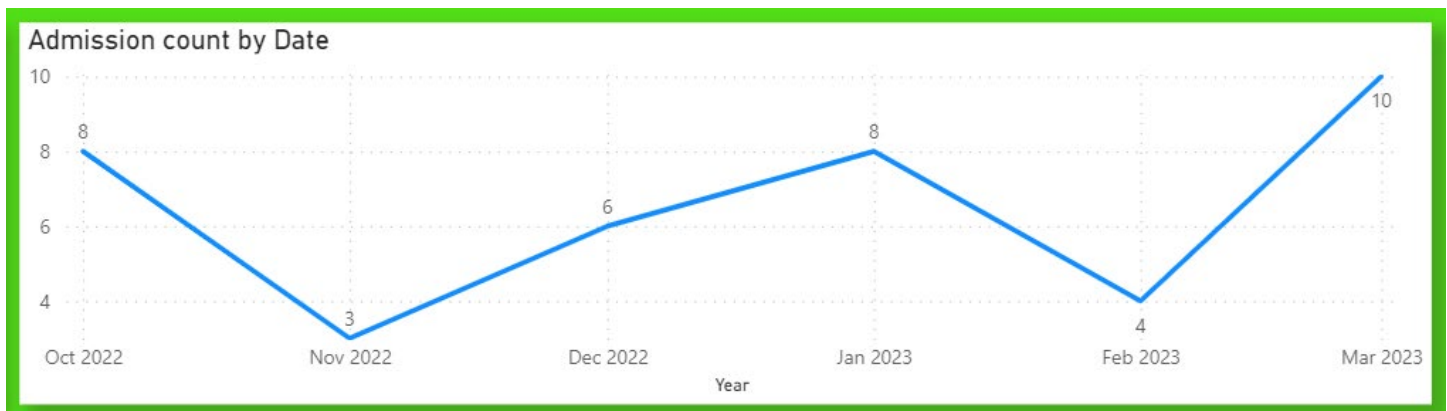


The RAS admissions project resulted in the identification of rule-out criteria for treatment, including IQ under 70, Autism Spectrum Disorders, current charges or convictions for sexually offending or history of animal cruelty, diagnosis of Schizophrenia, Psychotic Disorder, Eating Disorders, fire setting, history of physical assault with weapons, attempting to rob someone, attacking someone in a vulnerable population, refusing to follow directions from multiple sources, multiple encounters with the law, minimal drug history but multiple criminal activity, being in jail for criminal behaviors, etc.

The project team also identified safety concerns related to the level of violence and discussed the need to put together the narrative for admission. The team also reviewed the discharge criteria and the need for a standard way to complete the intake process, which should include getting details, reviewing it with the Clinical Director or Medical Director.

The project team is working on integrating the program's policy with the one that OASAS requires and their languages as well as capturing person-centered based treatment. They also discussed transition planning and the need for a gap analysis between 817 and 820.

Figure 4.5



As shown in Figure 4.5, the RAS admissions project has been successful in improving the intake process of the Renaissance Addiction Services (RAS) program. And the team will be focusing on setting a clear policy as mentioned above.

## Centralized Scheduling

BBH has been facing a productivity challenge with some of their staff. Reports showed that 83 staff counselors were falling behind the productivity goals set by the company. In an effort to address the issue, BBH has taken steps to work closely with staff members who were not able to meet the productivity goal by implementing a centralized scheduling system.

A centralized scheduling system not only gives the agency the ability to schedule more accurately, but it also empowers consumers. The project is also focusing on decreasing cancel, no-show, and turnaround times. Centralized scheduling allows for both in-person and secure virtual appointments, both of which can be scheduled through the same easy process.

To help staff members meet their goals, the QI team provides weekly schedules to directors. This enables them to work with staff members to schedule enough consumers per week to make up for anticipated cancellations and no-shows.

Despite the challenges, BBH remains committed to providing quality care to the consumers, and the QI team has made every effort to support their staff members in meeting their productivity goals.

Figure 4.6

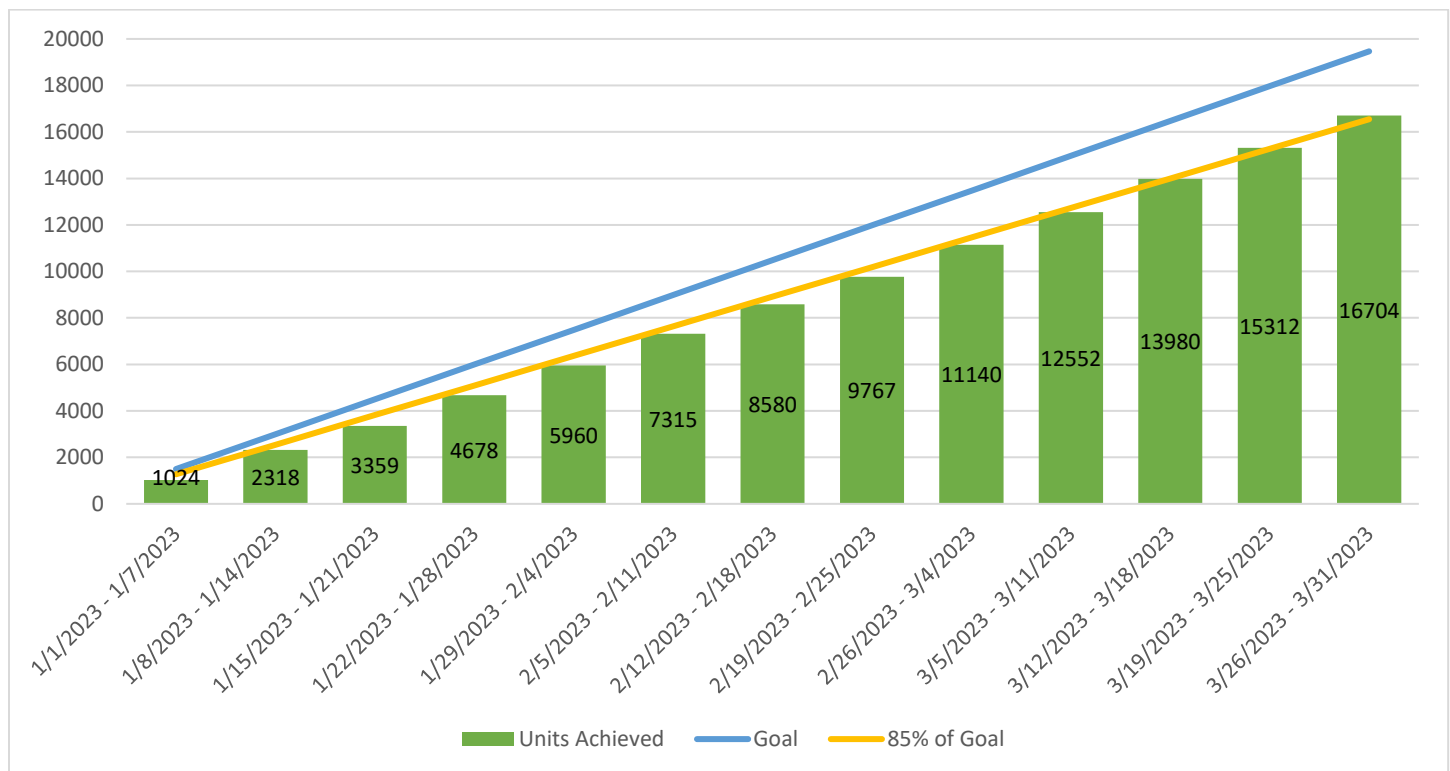


Figure 4.6 above shows the appointment status of the counselors in the project, and assuming the notes are completed, 86% of their total unit goal was achieved.

While some counselors did not meet the 85% productivity goal, there were several who worked extra hard to make up for it. As we anticipate that about 2% of appointments in March are still not accounted for, we believe that the number of counselors meeting 85% will go up. However, as of 3/31, 33 of the 70 counselors were meeting 85%, and we want to commend those who worked hard to achieve this as well as program directors.

More detailed slides can be found in the link below:

<https://bestself.sharepoint.com/sites/ResourceCenter/SitePages/Centralized-Scheduling-Project.aspx>

## Clinic Restructure

The Clinic Restructuring Project is to assess the current staff ratio and productivity in each clinic, and to use this information to determine the optimal staff ratio required to support staff in delivering high-quality services.

The project gathered and analyzed quantitative data, such as consumer volumes and staff productivity metrics, as well as qualitative feedback from staff members regarding their workload and job satisfaction as shown in Figure 4.7 and 4.8. Ultimately, the project aims to create a more efficient and effective clinic structure that maximizes staff resources and improves consumer care.

Figure 4.7

Please rate **how you feel** about the following:

[More Details](#)

■ Strongly Agree ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree

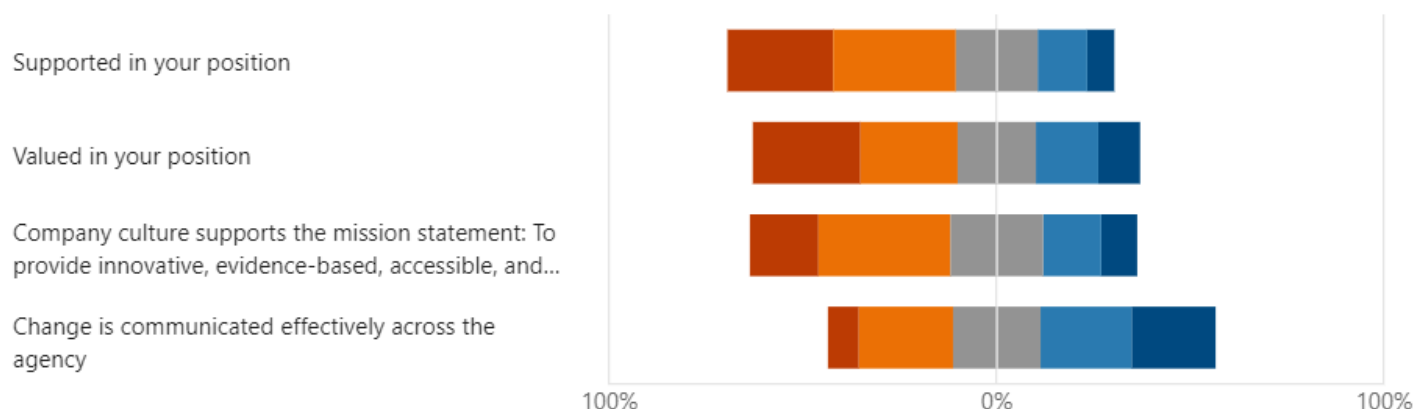
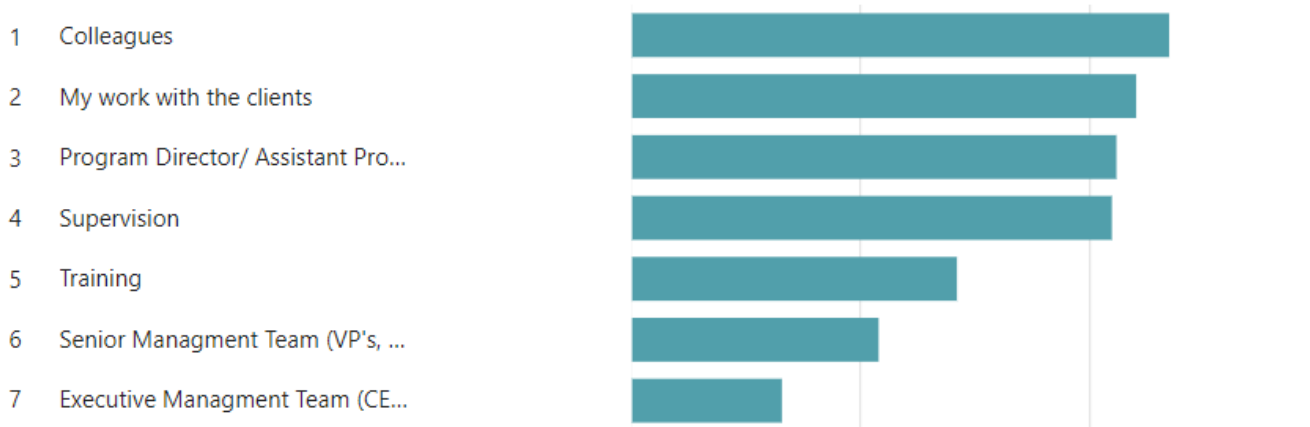


Figure 4.8

Please rank from **top to bottom** what makes you feel the **most supported in your position to least supported** in your position.

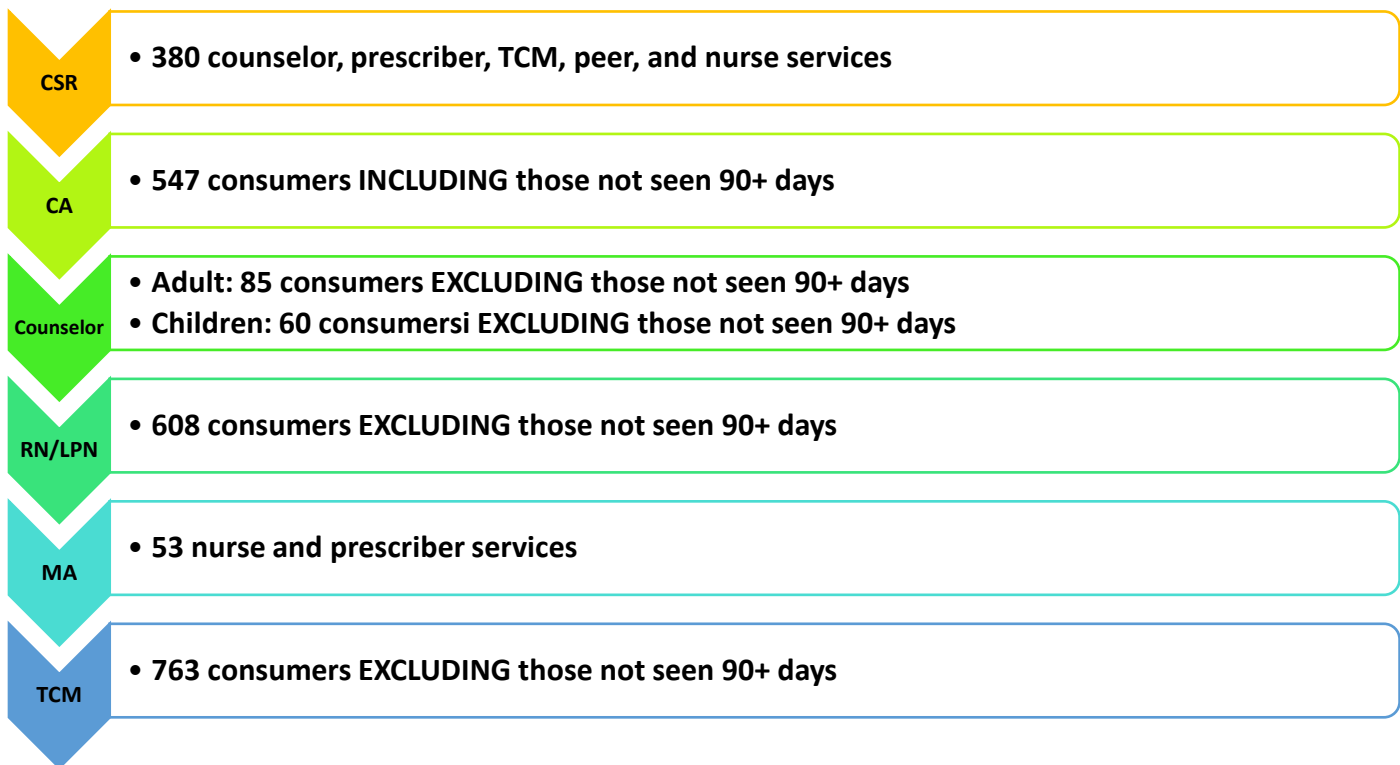
[More Details](#)



The project began with a review of the Clinical Break Down Analysis for the CCBHC. Joe DiStasio, CFO, updated the team on the numbers for sites, units, and costs of running clinics. He also discussed the deficit funding and reductions taken into consideration with the new data sets.

Then Jieun Park, QI Project Manager, looked into the number of services and consumers data from various time frames, then created score cards for identified measures to assess each clinics' efficiency. Then the committee agreed on which clinics' numbers are the most representative to identify efficiency and effectiveness. This time Franklin + CD, Southtowns, Sweet Home, and Delaware Summer's numbers were utilized considering many quantitative and qualitative factors.

Figure 4.9



With the obtained numbers, the optimal FTEs are calculated for counselors, CSRs, Counselor Assistants, Nurses, LPNs, and MAs as shown in Figure 4.9, and the committee is currently in the process of discussing the job responsibilities with the participation of the staff from various clinics.

More detailed slides can be found in the link below:

<https://bestself.sharepoint.com/sites/ResourceCenter/SitePages/Clinic-Restructuring-project.aspx?Mode=Edit>

## Prescriber Optimization

The Prescriber Optimization Project is a vital initiative aimed at enhancing the quality of consumer care by focusing on improving access and engagement. The primary objective of the committee is to promote patient-centered care, with a focus on the just-in-time scheduling project within MTM.

One of the main challenges facing healthcare providers is the issue of no-shows and cancellations, which can result in a breakdown of continuity of care and a delay in access to healthcare services. To address this challenge, the Prescriber Optimization Project seeks to reduce the number of no-shows and cancellations by implementing a scheduling system that enables consumers to schedule their

appointments within 3-5 days. This approach is designed to improve the comprehensiveness of care and coordination while strengthening the partnership between consumers and healthcare teams.

In addition to reducing no-shows and cancellations, the project seeks to enhance consumer care by eliminating the need for consumers to call in their medication requests. This approach is designed to streamline the prescription process and ensure that consumers receive their medication in a timely and efficient manner.

The overall goal of the project is to establish a template for the future of integrated mental and physical health care that maximizes the potential of engaged leadership, data-driven improvement, and team-based care to deliver high-quality, patient-centered care that meets the evolving needs of consumers and communities.

To achieve this objective, the Prescriber Optimization Project is leveraging innovative approaches to healthcare delivery. By utilizing data-driven insights and analytics, the project is able to identify areas of improvement and develop targeted interventions that can enhance consumer outcomes. This approach will enable providers to make informed decisions about consumer care, ensure that consumers receive timely and appropriate care, and improve the overall quality of care delivery.

The Prescriber Optimization Project recognizes the importance of consumer empowerment and engagement in achieving its objectives. By focusing on patient-centered care, data-driven insights, collaboration, and consumer empowerment, the project aims to enhance quality-of-care delivery, improve consumer outcomes, and promote population health. As healthcare delivery continues to evolve, initiatives like the Prescriber Optimization Project will be essential in ensuring that consumers receive the high-quality, comprehensive care they need and deserve.

## **Follow-Up After Hospitalization**

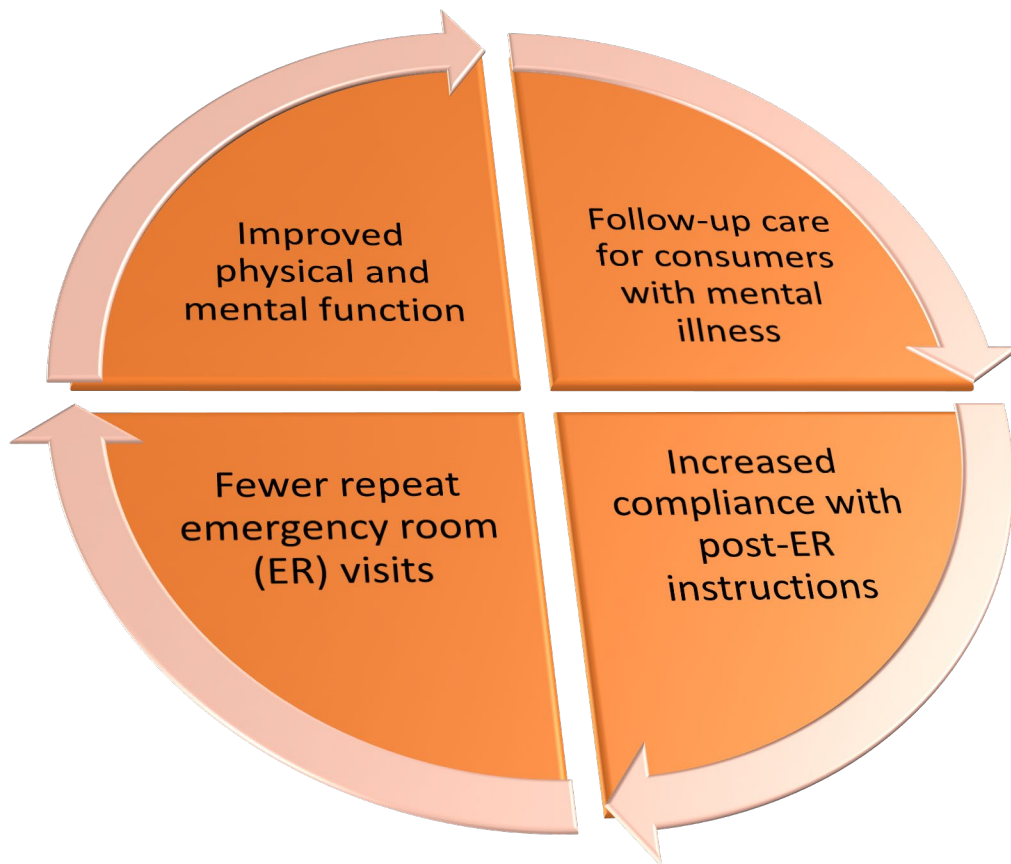
This metric measures the percentage of discharges for the consumers who are 6 years of age and older, who were hospitalized for treatment for mental illness or intentional self-harm diagnoses, and who had a follow-up visit with a mental health provider.

It is important to provide regular follow-up therapy and medication management appointments to our consumers that have been hospitalized for a mental illness or intentional self-harm. An outpatient visit with a mental health practitioner after the consumer has been discharged is to ensure that the consumer is supported, and the gains made during their hospitalization are not lost. It also serves to assist mental health care providers with insight into early post-hospitalization reactions or medication problems and provide continuing care.

All staff members at BestSelf sites work diligently to meet this metric, and to address this more efficiently, QI is working on launching a new project with Kevin Beckman, VP of Health Homes and Crisis Interventions, and his team.

This project involves providing support to Targeted Case Managers (TCMs) to improve follow-up rates and ensure that consumers receive the care they need after hospitalization. By sharing experiences and best practices, TCMs can gain invaluable knowledge as a mental health provider, provide better care and support to our consumers, ultimately improving outcomes and meeting the metric set forth by our Value Network partners. This project reflects BestSelf's ongoing commitment to quality improvement and providing the best possible care to our consumers.

Figure 4.10



## Value Network

A value-based program is an approach to healthcare that focuses on achieving the best possible outcomes for consumers while also reducing costs. By aligning financial incentives with the quality of care, value-based programs encourage healthcare providers to focus on delivering efficient, effective, and patient-centered care. This approach can lead to better health outcomes for consumers, improved efficiency in healthcare delivery, and lower costs for both consumers and payers.

Value Network Quality Metrics
Highmark/ BlueCross BlueShield
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
AMM - Antidepressant Medication Management – Acute Phase
AMM - Antidepressant Medication Management – Continuation Phase
IET - Alcohol, Other Drug or Dependence Tx – Initiation Phase
FUH - Follow-Up After Hospitalization for Mental Illness
Monroe - Molina
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
SSD – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
FUA – Follow-Up After ED Visit for Alcohol & Other Drug Dependence
FUH – Follow-Up After Hospitalization for Mental Illness
FUM – Follow-Up after ED Visit for Mental Illness Within 7 Days
Amerigroup
AAP – Adults’ Access to Preventative & Ambulatory Health Services
AMM - Antidepressant Medication Management – Acute Phase
AMM - Antidepressant Medication Management – Continuation Phase
IET - Alcohol, Other Drug or Dependence Tx – Initiation Phase
IET - Alcohol, Other Drug or Dependence Tx – Engagement Phase
SSD – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
FUA – Follow-Up After ED Visit for Alcohol & Other Drug Dependence
FUH – Follow-Up After Hospitalization for Mental Illness
ADD – Follow-Up Care for Children Prescribed ADHD Medication - Initiation
ADD – Follow-Up Care for Children Prescribed ADHD Medication - Continuation
Opioid Medication Assisted Treatment (Meds Only)
Opioid Medication Assisted Treatment (Meds and MAT Support)

Above are the metrics BBH is currently working on with the Value Network. There is a possibility of contract expansion with independent health and Univera, as these measures help to ensure that the organization is providing high-quality care and meeting the needs of their consumers.



By participating in value-based contracts, BestSelf is not only improving the quality of care it provides but also ensuring that it is financially sustainable in a rapidly changing healthcare landscape.

Furthermore, by working with multiple MCOs and participating in specialty projects, BestSelf can expand their reach and impact, and provide care to a wider population. This can lead to improved health outcomes at the community level, which is a key goal of any healthcare organization.

Overall, it is crucial for BestSelf to continue their participation in the value-based program and work with the metrics above to ensure that it is providing high-quality, patient-centered care while also remaining financially sustainable.

### **III. 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 Counselors, Counselor Assistants, Office Managers, and CSRs for their efforts around the Centralized Scheduling project.

Thank you to the Clinic Restructure committee members for all the hard work you have put into developing the scoring cards and finalizing staff ratios for our clinic.

## Quarter 1, 2023: Quality Improvement Team Members

Becky Steffen.....	VP of Quality Improvement and Accreditation
Mike Nanfara.....	Director of Population Health
Jieun Park .....	Quality Improvement Manager
Anne Dernbach .....	QI Coordinator
Christina Carr.....	QI Coordinator
Cameron Cunningham .....	QI Project Assistant
Katya Kukhto .....	Senior 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 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](#)

Please Contact the Quality Improvement Department!

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

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