



# Performance and Quality Improvement Q2 2025

Prepared by Christine Kemp, Director of Population Health and Quality Improvement

April 1, 2025 – June 30, 2025

# I. What is Performance and Quality Improvement?

Quality Improvement is a belief that all services are provided within a system, and that system can always be improved. The quality improvement process is based on building knowledge about what works and what doesn't work and applying that knowledge to improve the experience for clients, staff, and the community. BestSelf works to foster a culture of excellence and continuous quality improvement, where "quality" is defined as making sure the care and services provided at BestSelf meet the following principles:

- **Client-centered:** Provide services that are respectful of and responsive to individual client and family preferences, needs, and values.
- **Effective:** Provide evidence-based services to all who could benefit from them.
- **Efficient:** Avoid waste, including waste of time, ideas, and energy.
- **Equitable:** Provide a level of quality service that does not vary because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
- **Safe:** Avoid harm to clients from services that do not help them.
- **Timely:** Reduce waits and delays for those who receive services.

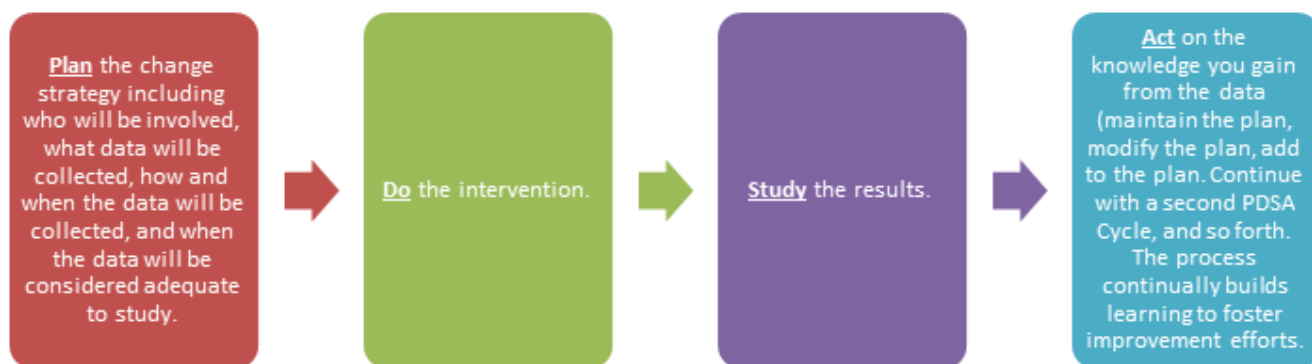
The way we find out what works is by using the **model for improvement**. The model for improvement has two steps. The first step is to collectively ask ourselves three questions to help build our understanding of the problem we want to solve.

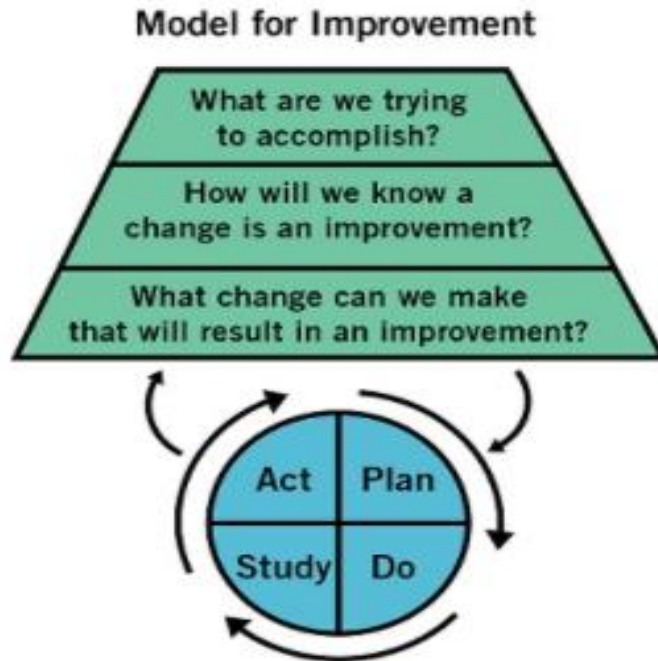
1.) *What are we trying to accomplish?*

2.) *How will we know when change is an improvement?*

3.) *What change can we make that will result in an improvement?*

Once we've come to a shared understanding, then it's time for the second step - to test the changes we want to implement using **Plan-Do-Study-Act (PDSA) cycles**.





Quality improvement is a team sport. The process works best when there is a collaborative, multidisciplinary group of individuals who have knowledge of all aspects of the systems which need improvement.

It is especially important to include people on this team who have the most direct involvement with these systems, including people who have lived experience receiving care and services. A good quality improvement team works together to understand the needs of the people who are served by the system, to identify and define measures of success, and to brainstorm potential change strategies to create improvement.

When doing quality improvement work, it's important to remember:

- Define a problem, before you try and solve it.
- Understand a system, before you try to control it.
- Figure out what's most important, before you try and fix everything at once.
- Remember that failures teach us lessons, rather than focusing on what was done wrong.

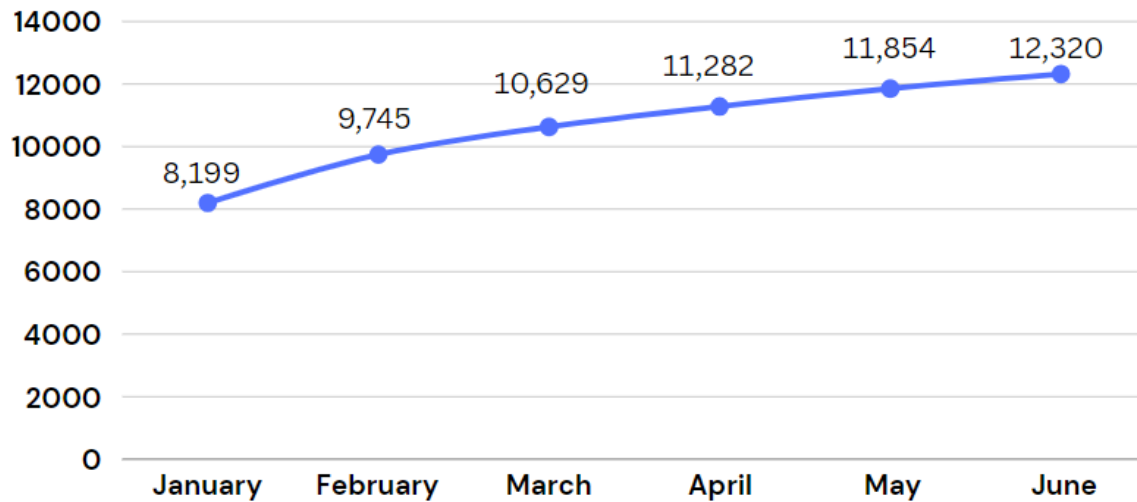
### *Performance and Quality Improvement Reporting*

The Performance and Quality Improvement (PQI) report is an opportunity to address the improvements BestSelf has made in operations and client services. Transparency is critical to an effective quality improvement strategy. PQI reports are created quarterly to share updates throughout the year, and the annual PQI report summarizes the developments for the full calendar year. All reports are shared with all BestSelf staff and stakeholders to keep them informed on the activities and ongoing improvements within the organization.

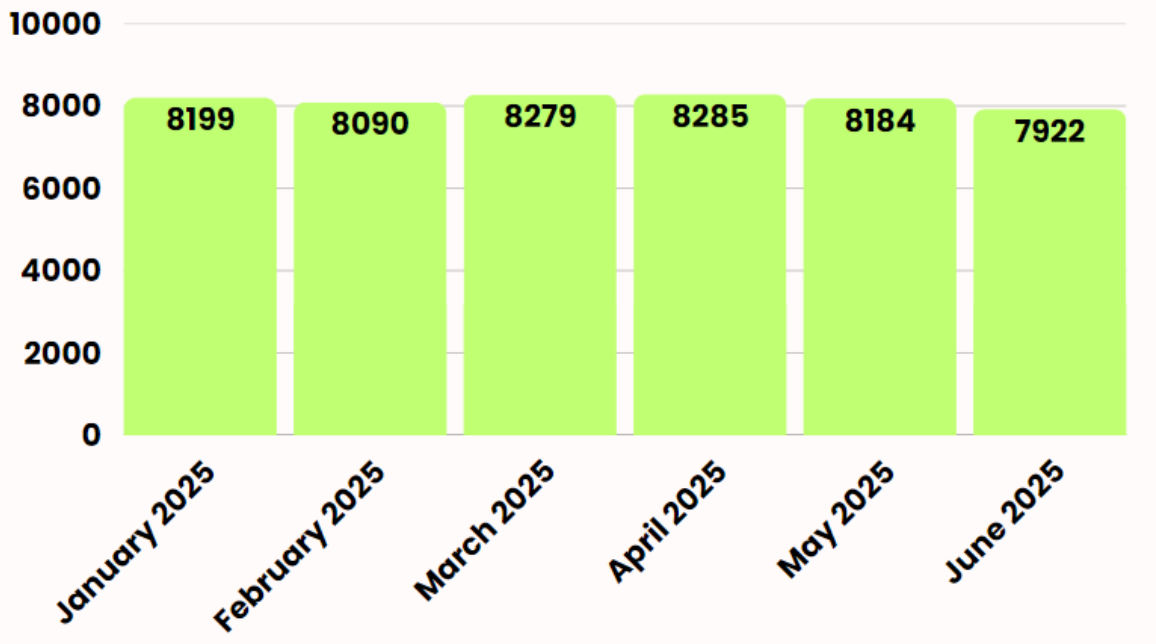
### III. Client Stats

The following figures illustrate the demographic breakdown of BestSelf Behavioral Health's clients in the second quarter of 2025. These data were collected from BestSelf's electronic health record and consists of clients engaged in the following programs: Certified Community Behavioral Health Clinics (CCBHC), Assertive Community Treatment (ACT), the Child Advocacy Center (CAC), OnTrack, Personalized Recovery Oriented Services (PROS), the Recovery Community and Outreach Center, additional substance use disorder services, and vocational services.

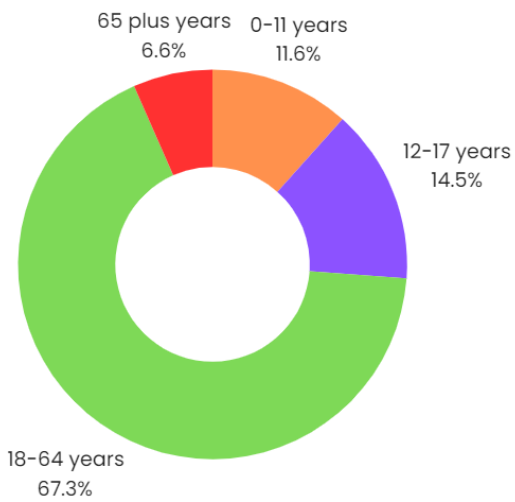
**Total Unique Clients Seen, Year to Date**



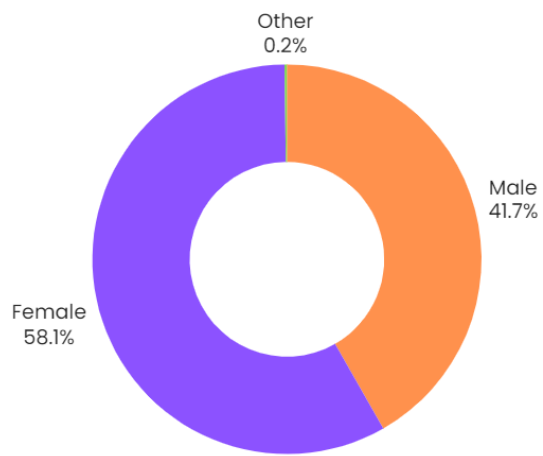
**Total Unique Clients Seen, Month by Month**



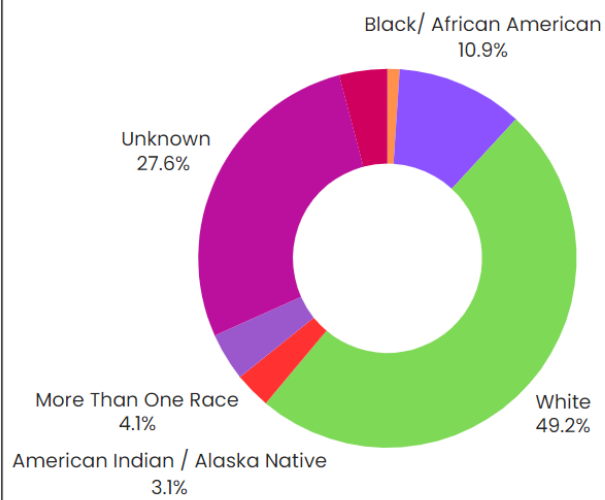
## Client Demographics



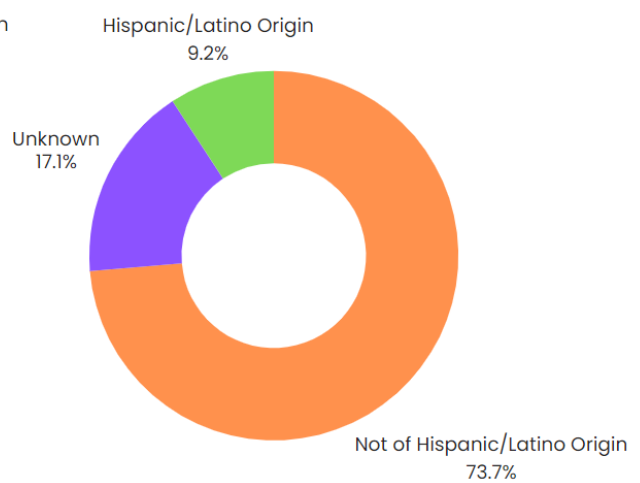
Client Age



Client Sex



Client Race



Client Ethnicity

## IV. Performance and Programming Updates

### Council on Accreditation (COA)

During the second quarter of 2025, BestSelf was part of an intense preparation and peer review site visit from representatives of the Council on Accreditation (COA).

COA is a nonprofit accrediting body that works to improve service delivery outcomes by developing and implementing accreditation standards for a variety of human and social service organizations. Organizations such as BestSelf seek COA accreditation to:

- Demonstrate accountability and transparency
- Enhance service delivery and outcomes
- Improve internal processes and governance
- Build credibility with funders, government agencies, and clients.

The COA accreditation process is very rigorous, and it usually takes at least 12-18 months to prepare. COA accreditation is what “sets us apart” from other agencies – there are more than 1,700 accredited agencies in all 50 US states and Canada. Being accredited is required for BestSelf to operate its Opioid Treatment Program and is highly encouraged by SAMHSA for CCBHCs.

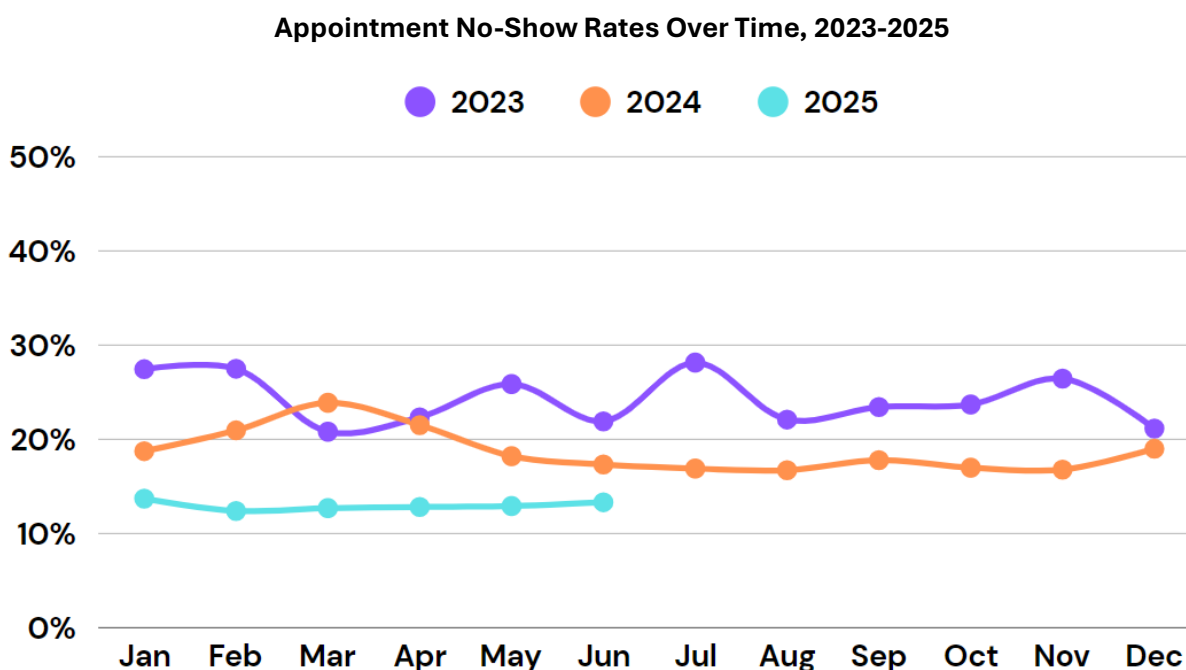
*[Click here for a special video message](#) from Becky Steffen, Vice President of Quality Improvement and Accreditation, announcing BestSelf’s renewed COA Accreditation!*

## Just In Time Prescribing: Reducing No-Show Rates

Just in Time (JIT) Prescribing is an evidence-based model to improve appointment attendance rates and expand client access to medication management appointments. The goal of this work is to make sure more clients are seen for medication management appointments when they need care, which is essential to providing safe and client-centered services.

Through the first half of 2025, continued progress has been made in implementing this model across all CCBHC clinic sites. The overall goal of this work is to decrease client no-show rates to 10%.

As you can see from the chart below, significant progress has been made toward achieving this goal. **No-Show rates have dropped almost 15 percentage points from January 2023 (27.5%) to June 2025 (13.32%)!**

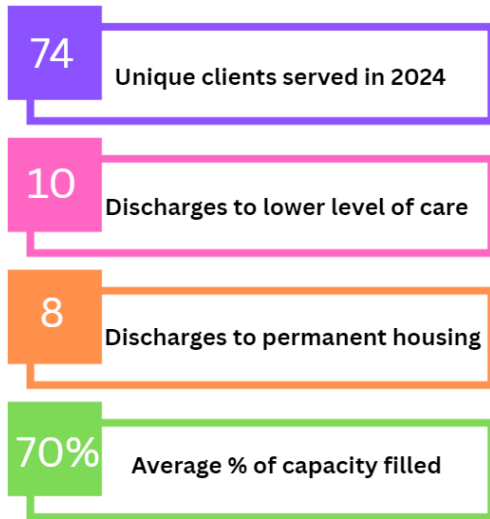


## VP PQI Spotlight:

Every other month at the Vice President Performance & Quality Improvement meeting, BestSelf senior management and leadership teams meet with representatives from each BestSelf program or department to review overall performance, how it is measured, and any problem-solving needs.

In April 2025, the Lighthouse Women's Residence, Renaissance Addiction Services, and Building Brighter Futures teams presented on their programs. Here are some highlights from their presentations.

## *Lighthouse Women's Residence*



## V. Get Involved!

The Quality Improvement department encourages staff at all levels and roles at BestSelf to participate in the quality improvement process. Here are a few opportunities to get involved:

- **Participate in Focus Groups:** For most quality improvement projects, there are focus groups held by a member of the quality improvement team to get input from BestSelf's employees who are involved in the day-to-day work and processes. The quality improvement team encourages staff to get involved and attend these focus groups to provide valuable insight and feedback on the projects.
- **Join the Performance and Quality Improvement Advisory Committee:** The PQI committee meets quarterly to discuss current quality improvement 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 PQI Advisory Committee, please get permission from your Program Director and email Stephanie Adkins at [sadkins@bestselfwny.org](mailto:sadkins@bestselfwny.org) to be added to the upcoming meeting invitation.

## Contact the Quality Improvement Department

Becky Steffen

Vice President of Quality Improvement and Accreditation



|                  |                                                       |
|------------------|-------------------------------------------------------|
| Christine Kemp   | Director of Population Health and Quality Improvement |
| Mike Nanfara     | Director of Systems Analysis and Evaluation           |
| Stephanie Adkins | Quality Improvement Project Manager                   |
| Christina Carr   | Quality Improvement Coordinator                       |
| Jessie McKeown   | Quality Improvement Data Manager                      |
| Meagan Schreiner | Quality Improvement Project Assistant                 |

*If you have any questions or feedback about this report, please contact Christine Kemp at [ckemp@bestselfwny.org](mailto:ckemp@bestselfwny.org).*