

Harmonia Collaborative Care, Inc.
Mental Health Quality Assurance Committee
Q1 2024 Agenda
Zoom Conference, Wednesday April 24, 2024

In attendance – Rachael Dudczak LMHC, Erin Bascug, LMSW, Gayle Hayes, LCSW, Cherie Ruben, PhD, Licensed Psychologist. Tammy Davis, LMHC, Marissa Biondolillo, LMSW, Erin Figiel, MHC intern.

Board Member: Tristan Keelan

Not Present – Community Representative: Seeking member.

1. Untoward Incidents.

a. New Incidents: There were 4 new incidents in the 1st quarter of 2024, these incidents were entered into NIMRS.

i. Client: REDACTED

DOB: REDACTED

Type of Incident: suicide attempt

Date of Incident: March 22, 2024

Diagnosis: Generalized Anxiety Disorder, Tobacco Use Disorder, Panic Disorder

Medications: quetiapine 100mg 1x at bedtime
Escitalopram 20mg 1x in morning
Clonazepam 1mg BID

Admission:

At-Risk List: yes

Service Providers: Kathryn Blanchard, LMSW; Lena Rocco – PMHNP

Background: REDACTED

Incident: He took 6 Seroquel tonight, not in an attempt to end his life, but because he didn't care. Since being in the hospital tonight he reports that what he did was wrong and he has "a lot to look forward to" and "things aren't that bad". He explains that he is struggling to find a job, and his public assistance is ending in June and thus he needs to find a job before this happens. It is unclear why today was especially stressful given this is 3 months away, but he states he was walking around and could not find a job he wanted. He got home and while overwhelmed proceeded to take 6 pills and then called EMS to bring him to the hospital.

MD Recommendation: Val Nowak appropriately assessed and responded to his suicide risk by calling an ambulance. His risk of suicide was known by his treatment team and appropriately addressed. She offered to stay on the line with him, which he refused. It appears that on that particular day, his suicide gesture was a sudden, unpredictable act. Staff intervention was correct and clinically appropriate. PMargulis MD 5/5/2024

Recommendations/Follow up: Thomas is being discharged as he has been accepted as a referral to Best Self.

ii. Client: REDACTED

DOB: REDACTED

Type of Incident: self-injury/suicidal ideation

Date of Incident: 2/2/2023

Diagnosis: Generalized Anxiety Disorder, Post Traumatic Stress Disorder, Bipolar II with mixed features

Medications: Klonopin 1mg po QID as needed for anxiety and panic attacks
Buspar 15mg BID for anxiety (increased 12/19/2023)
Seroquel 100mg 1-2 tablet po qhs for sleep and mood (initiated 02/13/2004)
Methodone 15/55mg for pain
Amitiza BID for constipation
Senna
MiraLAX

Admission: **At-Risk List:** placed on list – risk high

Service Providers: Cynthia Haist, PsyD; Kristine Ingro, PMHNP

Background:. REDACTED

Incident: On the morning of April 10, 2024, client cut his forearms and thighs with a boxcutter because he was “fed up” with dealing with his physical health problems (back pain and constipation).

MD Recommendation: From the above information, it appears that the most recent visit prior to the suicide attempt made on 4/10/2024, was a visit of 3/26/2024. On that date, he denied any suicidal ideation or plan. It appears that between those 2 dates, he did not contact the treatment team. If he did have a therapy visit between those dates, it would be helpful to add in his presentation from that date, with regard to general demeanor, anger, hopelessness or suicidal ideation. Since he was not suicidal on 3/26/2024, there would have been no indication for a need for an urgent visit. Additionally, he did not contact the treatment team when he was experiencing distress and eventually made a suicide attempt. Staff intervention was correct and clinically appropriate. PMargulis MD 5/5/2024

Recommendations/Follow up: Cherie Rubin in the session reported CI is struggling with chronic pain and other feeling of not being able to cope with his situation not changing. Team will continue to monitor.

iii. Client: REDCATED

DOB: REDACTED

Type of Incident: Suicide Attempt

Date of Incident: 3/8/2024

Diagnosis: PTSD; Major Depressive d/o; Binge eating d/o; GAD; Borderline personality d/o; ADHD (dx in middle school) combined type

Medications: Zoloft 150mg po daily for depression/anxiety (increase 08/01/2023)
Wellbutrin xl 300mg po daily for depression (increased 05/01/2023)
Adderall xl 20mg po daily before noon (increase 12/5/2023); Adderall IR 20mg po PRN before 4 PM (initiated 11/07/2023, increased 01/09/2024)

Admission: **At-Risk List:** yes

Service Providers: Cynthia Haist, PhD; Kristine Ingro P-NP

Background: REDACTED

Incident: On the morning of Friday, March 8th, Client’s mother, reported to receptionist, Lynne Doxie, that client ingested a “handful of medication” and was being taken to ECMC. Client’s mom called back later in the day and spoke with assigned therapist, Cynthia Haist Psy.D., and provided update on client and incident. According to client’s mom, client took an unknown

amount of unknown prescription medications. She reports client's father and son's medications (Tramadol and Abilify) are missing. Client's mom reports that client was "out at the bar" the night before and did not come home until 4:30am. At 5:30am, client came into mom's room and asked mom to take her to ECMC because she "wanted to jump off of a bridge." Client's mom told her that she "would take her later" since she wasn't able to drive at that time due to side effects of medication. Client's mom said she went back to sleep and woke up to the paramedics being at her house. She reports client had called 911 after ingesting an unknown amount of prescription medication

MD Recommendation:

Recommendations/Follow up:

iv. Client: REDACTED

DOB: REDACTED

Type of Incident: client death

Date of Incident: 12/23/2023

Diagnosis: Generalized Anxiety Disorder

Medications: Wellbutrin XL 300mg daily
Cymbalta 120mg daily
Adderall 20mg BID
Klonopin 1mg BID PRN

Admission:

At-Risk List: no

Service Providers: Gayle Hayes, LCSW; Lena Rocco, PMHNP

Background: REDACTED

Incident: Client passed away from viral and bacterial bilateral pneumonia and sepsis

MD Recommendation: From the information above, the patient had been out all night at a bar and may have been intoxicated, which could easily have contributed to the impulsive decision to take pills. At the most recent therapy session of 2/28/2024 she expressed passive suicidal ideation. She did have a past history of ingesting medication in a suicide attempt in 2019. It is unclear as to whether she was placed on a higher frequency or intensity of services after her visit of 2/28/2024. If she was not seen again, prior to ingesting the pills on 3/8/2024, the treatment team would have had no way to know that the Patient was going to do this behavior, since she did not keep in touch with the treatment team. If there were further visits, please report the patient's presentation at these visits and whether the patient was suicidal at that time. Overall, Staff intervention was correct and clinically appropriate. PMargulis MD 5/5/2024

Recommendations/Follow up: Cherie Rubin stated in the meeting the family is not supportive of the MH needs of client. Mother has own MH concerns and may not be as responsive as needed.

b. Old Incidents:

i. Client: REDCACTED

DOB: REDCACTED

Type of Incident: Suicide Attempt, Overdose, No Physical Harm **Date of Incident:** 01/12/2023

Diagnosis: Bipolar I, Current or most recent episode depressed, Mild; Generalized Anxiety Disorder; Panic Disorder; Attention Deficit Hyperactivity Disorder, Unspecified

Follow up: Client did go to in-patient treatment for alcohol abuse in Feb. CI is currently being tapered off Klonopin and Ritalin between now and August.

MD Recommendation: Appropriate Medical decision to taper this patient off of the controlled medications. Please continue the slow taper and monitor for any symptoms of benzo or stimulant withdrawal. I would also recommend regular drug screening. PMargulis MD 5/5/2024

Meeting Discussion – CI continues to be provocative with team, demanding he get what he wants or making threats.

2. Child Abuse Reports: There were no child abuse reports made in the 1st quarter. There was one report made in April but not accepted.

3. Clozaril Patient Care: Four clients are following the protocol. No problems have been reported.

4. Client Satisfaction/Testimonials:

- There are currently 25 google reviews for the Derby location (most recent 2 months ago), accompanied by a 4 out of 5 stars rating; 15 reviews for the Hamburg location (most recent 3 months ago), accompanied by a 3.6 rating.
- Client satisfaction surveys continue to be filled out in-person by clients after their initial appointment; average ratings are “Excellent” and “Good” at this time.
- Survey accessible by QR code being created – clients can complete in or outside of clinic.

6. Client Grievance: There were no grievances filed during this quarter.

8. Safety: No report.

9. School Program Satellite Clinics:

- Currently providing on-site counseling at Lake Shore High School 7:45am-3:45pm on Mondays and Tuesdays during school year via 1 clinician.
 - offering menu of one-off seminars and trainings for students and parents
 - School coordinator provided program at Frontier and this was very successful
 - Working on hiring staff to fill positions
 - Applied for second Mother Cabrini Grant to cover second year
- 33 unique individuals served this quarter.

10. Chart Compliance:

- Trainings conducted in Q1 of 2024: Professional Supervision, Comprehensive Assessment Documentation
- Dawn and Laura will review Clinic Manual in May to address updating, including assignments and timeline.

11. Quality Improvement – Clinical Statistics

a) Initial Appointment Wait Time:

Days to appt	# of clients	% of client
0-3	5	5%
4-10	11	12%
10-30	52	55%
>30	26	28%

- During this quarter, 72% of initial appointments were within 30 days from referral date. Five clients were given an appointment within 3 days and twenty-six greater than 30 days.

b) Average of Days to Intake:

Location	Derby	Hamburg	Grand Total
Average DaysToIntake	19	24	23

- The total average days to intake increased from 17 to 23.

c) No Show Rate:

Visit Type	Derby	Hamburg	Total
Checked-In	2177	1695	3872
No Show	317	259	576
No Show Rate	13%	13%	13%

- The average no-show rate increased from 12% to 13%.

d) Referrals, Treatment Sessions, People Served:

		Mental Health Clinic				
Referrals		<i>Jan thru Mar-24</i>	<i>2024 YTD</i>		<i>2023 YTD</i>	<i>Variance</i>
	Derby	25	25		138	-82%
	Hamburg	119	119		112	6%
	Schools	-	-			
	Total	144	144		250	-42%
Treatment Sessions						
	Derby	2,059	2,059		2,944	-30%
	Hamburg	1,705	1,705		1,526	12%
	Schools	107	107		151	-29%
	Total	3,871	3,871		4,621	-16%

People Served						
	Derby	565	565		750	-25%
	Hamburg	471	471		397	19%
	Schools	33	33		34	-3%
	Total	1,069	1,069		1181	-9%

- Comparing 2024 to 2023:
 - Negative variances in all domains
- Other 2024 Q1 Statistics:
 - 22.5% of appointments were attributed to Medication Clinic
 - 69.3% of clients identified as female, 30.1% male, and 0.5% unknown
 - Billing department worked with 54 payers:
 - IHA MCD BEACON – 18.7%
 - FIDELIS CARE MCD – 16.7%
 - Highmark BCBS of WNY – 13.8%
 - INDEPENDENT HEALTH – 11.3%
 - Wellpoint – 9.1%
 - MEDICAID – 7.2%
 - UPSTATE MEDICARE – 7.0%
 - MOLINA MCD – 6.8%
 - Responsible Party (self-pay) – 6.4%
 - IHA SELF FUNDED – 64.4%
 - BCBSWNY – 5.7%
 - FIDELIS ESS – 5.2%
 - All others less than 3%

Comment: During the first quarter:

- 2023 saw clients being seen more frequently than in the past and having longer episodes of care, resulting in less people served. 2024 Q1 showed clients being seen an average of 3.8 times, with a range of 1 to 14.
- Clinic was on waitlist in January, lifted in February and resumed at the end of March
- Staff departures, last day: see GB
- New hires, start dates: GB 01/16 (left 4/16)
- Interns: EF and ES started 09/13; ES ended April 25, EF ending Mid-August (planning to stay full time)
- Staff totals at end of quarter: 11 clinicians, 3 prescribers, 2 interns
- Hiring needs: 3 FT Derby Clinicians, 4 FT Hamburg Clinicians
- Caseload weighted average system being explored to better assess caseload capacity
- Telehealth services continue to allow for shared office space and decrease in barriers to access for clients and flexibility for clinicians. Other options for clinician flexibility are being explored (such as working from home later on certain days and flexing time).

12. PSYCKES – CQI: Harmonia participates in PSYCKES CQI initiatives to foster data driven quality improvement and clinical decision making; improve the safety, efficiency, and quality of

care; promote best practices; and help clinics build readiness for participation in evolving public health environment. Participation also results in an added percentage to Medicaid reimbursements.

- **Current Project: Overdose Prevention**
 - **Will provide more information next quarter**

13. Value Network Connect: Harmonia is partner in Value Network, a behavioral health care collaborative. Through VN, Harmonia participates in value-based payment contracts with Highmark BlueCross BlueShield of Western New York, Monroe-Molina, and Amerigroup.

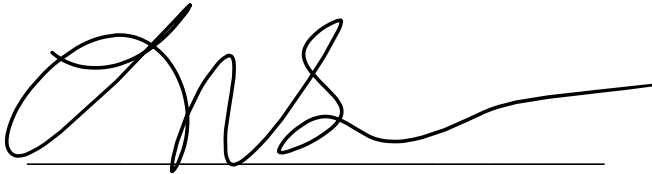
- Proposed recommendation for the 2024 Monroe Plan contract:
 - Dashboards have not been updated yet, more to come!

Discussion –

Clinic director reported new policies to address somewhat higher no-show rates. Mr. Keelan requested data delineation between implementation of new policies to mark policy efficacy.

Clinic director reported issues with linkage to state sites and how this is causing delays in inputting and accessing information with NIMRS and PSYKES. The issues have been resolved and information and data should be more appropriately reported in next meeting.

Signed,

A handwritten signature in black ink, appearing to read 'LMS', written over a horizontal line.

Laura M. Spencer, PhD, LMHC
Director of Mental Health Clinics