Harmonia Collaborative Care, Inc.
Mental Health Quality Assurance Committee
Q2 2024 Agenda
Zoom Conference, Wednesday August 7th, 2024

Present – Staff: Cynthia Haist, PsyD; Veronica Smith, MHC-P; Julia Hackford, LMSW; Rachael Dudczak, LMHC Erin Figiel, intern; Lauren Ryan, MHC-P; Jessica Slomiany, LCSW; Cherie Ruben, PhD, Licensed Psychologist; Jordan Alston, LMHC; Rachael Ruppert, PMHNP-BC
Board Member: Tristan Keelan, Christine Kluckhorn
Not Present – Community Representative: Seeking member.

1. Untoward Incidents.

a. **New Incidents:** There were three new incidents in the 2nd quarter of 2024, these incidents were entered into NIMRS.

Client: CO **DOB: XX/XX/XXXX**
Type of Incident: Serious Self-Injury **Date of Incident: 4/26/2024**
Diagnosis: Diagnosis-MDD, recurrent severe; PTSD; GAD; AUD, moderate

Incident: Friday 4/26/24 client reported having suicidal thoughts as he was drinking alcohol in his shed. He cut himself with a kitchen knife and contacted the police for assistance. His cut did not need stitches.

Background: Most recent concerns-client is experiencing severe depression, SI, and has increased his alcohol intake.

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History of, or current self-harm/suicidal ideation/attempts-Client has a history of SI and has made SI attempts in the past. He also has a history of cutting. His last suicide attempt was in 2016 when he ingested a large quantity of narcotic medications. His last engagement in cutting behavior was also in 2016. Client recently had SI and cut his wrist to alleviate his feelings.

If yes to #3**, when was safety plan last updated**/reviewed-safety plan was updated at today's (5/3/24) appointment. Client has insight into his coping skills but has not been using them due to depression. Client was provided an updated copy of his plan.

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History of, or current substance use-client has an extensive history of substance use and received treatment in the past. He is currently dx with AUD, moderate. Client reported an increase in alcohol use to 6-8 beers due to feelings of depression. Alcohol is a contributing factor to SI and engagement in self-harm as feelings of depression are exacerbated by alcohol use.

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A**re they enrolled in med clinic/last med appt**-yes. Last appointment was on 4/11/24.

Medications:

Current psychotropic medications:

1. Trintellix (vortioxetine) 20mg PO daily
2. Minipress (prazosin) 10mg PO qHS (increased 1/4/22)
3. Zyprexa (olanzapine) 20mg PO qHS (increased 8/22/23)
4. Vistaril (hydroxyzine pamoate) 100mg PO once daily PRN for anxiety (decreased frequency 12/14/23)
5. Medicinal marijuana PRN for anxiety (initiated 4/11/24)

Current medical medications:
1. Repaglinide 1mg w/ meals
2. Lisinopril 20mg daily
3. Farxiga 10mg qAM
4. Protonix 20mg BID
5. Albuterol HFA BID PRN
6. Anoro Ellipta 62.5-25mcg INH; 1 puff once daily
7. Melatonin 5mg PO qHS

Service Providers: Kelsey Nicosia, PsyD; Rachael Ruppert, PMHNP-BC

How often was the client seen-biweekly for in-person therapy sessions – biweekly, in-person

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When was the last therapy appt-4/16/24

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Living situation-Client was residing in a home with his mother. However, due to his mother's recent medical concerns, he is now living independently. Her health concerns are causing client significant worry, and he is struggling to adjust to living in the home without her.

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Supports-Client identifies his mother and friends as a supports. He also identifies the Hamburg Police and Crisis services as additional supports. He also is linked with health homes as an additional support.

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Any contact with supports or other collaterals-Client goes to visit his mother in the rehabilitation facility several times during the week and visits with friends several times per week.

Client: C O
DOB: XX/XX/XXXX
Type of Incident: suicidal ideation and attempts
Date of Incident: multiple back to back
Diagnosis: Diagnosis-MDD, recurrent severe; PTSD; GAD; AUD, moderate
Medications
1.Trintellix (vortioxetine) 20mg PO daily
2. Minipress (prazosin) 10mg PO qHS (increased 1/4/22)
3. Zyprexa (olanzapine) 20mg PO qHS (increased 8/22/23)
4. Vistaril (hydroxyzine pamoate) 100mg PO once daily PRN for anxiety (decreased frequency 12/14/23)

5. Medicinal marijuana PRN for anxiety (initiated 4/11/24)
6. Naltrexone 50mg PO once daily (initiated 5/9/24)
Non-psychiatric medications
1. Repaglinide 1mg w/ meals
2. Lisinopril 20mg daily
3. Farxiga 10mg qAM
4. Protonix 20mg BID
5. Albuterol HFA BID PRN
6. Anoro Ellipta 62.5-25mcg INH; 1 puff once daily
7. Melatonin 5mg PO qHS
Admission: 011/3/2016 **At-Risk List:** Yes

Service Providers: Kelsey Nicosia, PsyD; Rachael Ruppert, PMHNP-BC

Incident: client is experiencing severe depression, SI, and has increased his alcohol intake**.** He was in CPEP and returned to the facility twice in the same 24 hour period after slitting his wrists following the drinking of a six pack. The first admission was due to an overdose of hydroxyzine.

Background: Client has a history of SI and has made suicidal attempts in the past. He also has a history of cutting. His last suicide attempt was in 2016 when he ingested a large quantity of narcotic medications. His last engagement in cutting behavior was also in 2016. Client recently had SI and cut his wrist to alleviate his feelings on 4/26/24. Client recently experienced SI while drinking alcohol and made 3 cuts on his wrist with a kitchen knife. He reported that 2 of the cuts were "superficial" but the 3rd cut was "deeper" where he contacted the police and an ambulance arrived. He was transported to ECMC CPEP where the cut was examined by a physician and bandaged. The cut did not require stitches.

Safety Plan: Safety plan was last updated/reviewed on 5/3/24 after his last attempt. Client was provided a copy of his plan at the time of the appointment and was encouraged to hang the plan on the wall by his calendar. Client has insight into his coping skills and has been using them more often in the past few weeks. Client's alcohol use causes SI to occur where he presents to the hospital due to lethality concerns.

Substance Use: Client has an extensive history of substance use and received treatment in the past. He is currently dx with AUD, moderate. Client reported an increase in alcohol use to 6-8 beers due to feelings of depression. Alcohol is a contributing factor to SI and engagement in self-harm as feelings of depression are exacerbated by alcohol use.

Living situation: Client is currently living alone in a home due to his mother's medical condition. Client informed writer that his mother cannot return home and the state/car are being "taken away by the state." Client is searching for alternative housing and transportation options as he cannot drive.

Supports: Client does not speak with family other than his mother. His mother and friend network are his biggest support. However, he is unable to see his mother as he does not have a license or access to a car (she is in a rehab facility). His friend has driven him to see his mother and to appointments in the past, but his friend does not have a car (used to use client's mother's car-now repossessed). He does not have his mini -bike as an option to see friends either as it is broken. Client has a friend who can visit him.

Any contact with supports or other collaterals: Client sees writer for weekly therapy appointments, he receives home visits from his health home worker, and attends medication management appointments. He was encouraged to contact Save the Michael's to receive peer support services for additional support and help with alcohol use.

MD Recommendation (for both CO incidents): additional information shows that the patient was being closely monitored for depression and the treatment team was aware of his stressors, struggles and increase in suicidal ideation, as well as his increase in alcohol consumption. He was not assessed during any visits, to be an imminent suicide risk. His depression and anxiety scores were quite low. Treatment appears to be appropriate. Patient may still benefit from additional substance use focused treatment. PMargulis MD 8/6/2024

Client: G M **DOB:** XX/XX/XXXX

Type of Incident: Client Death, Unexplained **Date of Incident:** 7/21/24

Dx(s): F33.9 Major Depressive Disorder, d/o in remission; Unspecified Anxiety Disorder

Medications: Effexor 150mg po daily for depression and anxiety (decreased 07/25/2023)

Admission: 3/23/23 **At-Risk List**: No

Service Providers Rachael Dudczak, LMHC , Kristine Ingro PMHNP-BC

Background: none

Incident: George M has passed away as reported to our office by client's sister Lynn when front office staff called to confirm his appointment for 7/23/24. It is noted his sister found him deceased at the home. No other information is available at present time. HealtheLink had no additional information.

MD Recommendation: It appears that he did not have any significant medical illnesses that would have increased his risk for death. This does not rule out an acute medical event such as an MI or a CVA. Further information is required to ascertain whether this may have been a suicide attempt or an accidental substance overdose PMargulis MD 8/6/2024

Discussion – CO – he has not had a drink since June 9 and is having some med adjustments, seems to be doing very well, housing is not stable due to mom's being in rehab for stroke. **GM –** death was a surprise, he did not consent to any discussion with primary or healthelink.

b. Old Incidents:

Client: Walter E. **DOB:** 1/30/1977

Type of Incident: self-injury/suicidal ideation (repeated) **Date of Incident:** multiple

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

Service Providers: Cynthia Haist, Psyd; Kristine Ingro, PMHNP-BC

Background: Client endorsed a history of and current thoughts of wishing he were dead or wishing he could go to sleep and not wake up. When assessed on March 26th, he denied a history of and current active suicidal ideation, intent, and plan. Client lives with his mother

Follow up: Walter was discharged on June 28, 2024 as per his wishes – "Client did not make progress on his therapy goals. Client expressed that he does not want to engage in therapy services and stated on several occasions that he only spoke with his counselor so that he could utilize medication management services."

"Client requested to be discharged from Harmonia. He was referred for the ACT Team but declined this support. Client agreed to contact the referrals listed above to link himself with a new provider [WNY psychotherapy, Dale association, Suburban Psychiatric]"

Additional information – last clinician note - Writer discussed client's thoughts and feelings r/t medication changes. Client became very angry and began yelling and swearing. Writer provided empathic listening and gently challenged client's maladaptive thoughts. Client insisted he has never been suicidal and would never do that to his mother. He indicated the recent incident of him cutting himself with a box cutter was due to a reaction to a large amount of edible marijuana he had ingested and that he plans on never doing that again. Client asked to end session and agreed with plan of writer calling him next week."Client remains linked with Pathways and case manager"

MD Recommendation: If a high-risk patient requests discharge, to a reasonable degree and with substantial documentation, the Agency has an obligation to make reasonable attempts to insure the patient has followed through with treatment at another facility. It is also important to clearly explore and document the reasons that a patient and / or the treatment team may not feel that therapy has been helpful. There can be many causes for treatment failure. The agency should also periodically assess any policies regarding whether Patient's

must be in therapy in order to receive Medication Management treatment. PMargulis MD 8/5/2024

Discussion – WE – will not share information on who his case manager is and would not engage with Cyndi on help with follow through; he was angry about medication being withdrawn.

2. Child Abuse Reports: There were no child abuse reports made in the 2nd quarter.

3. Clozaril Patient Care: Four clients continue to be following the protocol without complication. They have been assigned an "at-risk" category within ECR to ensure procedures are followed and monitored regularly.

4. Client Satisfaction/Testimonials:

- There are currently 24 google reviews for the Derby location, accompanied by a 4 out of 5 stars rating; 16 reviews for the Hamburg location, accompanied by a 3.4 rating.
- There were no new surveys completed in the 2nd quarter. We have updated the customer satisfaction in July to gain a better understanding of differences in correlations between demographics and locations
- Survey accessible by QR code and paper (QR codes and paper surveys are in waiting room)

Discussion – no questions or comments on client satisfaction forms.

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

6. Safety: No report.

7. 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. LS has an interest in have a clinician there four days per week (on summer break). We may have the ability to fill this come mid-Fall
- Program Coordinator applied for Mother Cabrini Health Foundation Mental and Behavior Health Grant in 2023 Q3. In Q4, Harmonia was awarded $150,000 for the Rural School Program Expansion Project.
    - School Based Clinician Job has been developed, posted, and applicants have been interviewed
    - School Coordinator has made contact with Silver Creek to have clinician there one day per week
- 31 unique individuals served this quarter.

Discussion: Discussed updates with school programs, no concerns one staff has interest in working middle school.

8. Chart Compliance: Clinical Consultant Dawn Ferguson (started 10/2023) – conducting training and chart audits to assist with implementation of Performance Improvement Plan developed in response to OMH auditing visit conducted 04/2023.

- Trainings conducted in Q2 of 2024: Treatment Planning

- Proposed client discharges/non-admits will be reviewed at weekly Clinical Staff Meeting, meetings have been facilitated by Clinic Director, Programs Manager, and Lead Clinician, depending on schedules;
- Clinical staff meeting structure has changed – one meeting per month is clinic updates; clinical needs and concerns (i.e. programmatic issues) with entire staff; the remaining meetings are clinical in nature and focused on each clinic separately
- Dawn F and Clinic Director have updated of Clinic Procedure Manual; Clinic Policy Manual is going through final draft

9. Quality Improvement – Clinical Statistics

a) Initial Appointment Wait Time: 4/1/24 to 6/30/24

Days to appt	# of clients	% of client
0-3	3	16%
4-10	4	21%
10-30	12	63%
>30	0	0%

- During this quarter, 97% of initial appointments were within 30 days from referral date. Three clients were given an appointment within 3 days and zero greater than 30 days.

b) Average of Days to Intake: 4/1/24 to 6/30/24

Location	Derby	Hamburg	Grand Total
Average DaysToIntake	18	26	20

- The total average days to intake decreased from 23 to 20.

c) No Show Rate: 4/1/2024 to 6/30/2024

Visit Type	Derby	Hamburg	Total
Checked In	2018	1924	3942
No Show	259	294	553
No Show Rate	11%	13%	12%

- The average no-show rate was static at 12%.

d) Referrals, Treatment Sessions, People Served:

	Mental Health Clinic					
Referrals		***2nd Q 24***	***2024 YTD***		***2023 YTD***	***Variance***
	Derby	25	53		183	-71%

	Hamburg	12	130		299	-57%
	Schools	-			-	
	Total	37	183		482	-62%
Treatment Sessions						
	Derby	1925	3842		5159	-26%
	Hamburg	1924	3773		4002	-6%
	Schools	93	200		260	-23%
	Total	3942	7815		9421	-17%
People Served						
	Derby	515	559		747	-25%
	Hamburg	467	414		598	-31%
	Schools	31	36		34	50%
	Total	1013	1124		1398	-20%

- Comparing 2024 to 2023:
  - We are on a negative trend for the 2nd quarter and YTD; The variance for referrals is -62%; for treatment sessions, -17%; and for unique people served, -20%.
- Other YTD Statistics:
  - 26% of appointments were attributed to Medication Clinic
  - 67.7% of clients identified as female, 31.7% male, and >1% unknown
  - The majority of clients (76%) do not declare a race; for those that do, the majority of these are Caucasian/white and non-Hispanic (93%)
  - Billing department worked with 74 payers:
    - 14.2% - Highmark BCBS of WNY.
    - 11.3% - Fidelis Care MCD.
    - 10.6% - IHA MCD Beacon.
    - 7.7% - IHA.
    - 7.5% Wellpoint Medicaid.
    - 7.6% - Amerigroup – BCBS of WNY MCD
    - 6.0% - Upstate Medicare.
    - 4.2% - BCBS of WNY.
    - 3.8% - Molina MCD.
    - 3.4% - IHA Self-Funded.
    - All others less than 3%

Comment: YTD: staff acknowledged the numbers are not where they were and know this is because of lower clinicians

- Clients have been seen an average of 7 times in a six month period, with a range of 1 to 29 sessions.
- Both clinics have been on a wait list since Director of MH Clinics has started with agency (2/26/24)
- Staff departures, last day: KN – 6/18; GB – 4/16/24; GH 6/5/2024 (passed away)
- Staff LOA – KB (June to Mid Sept)

- Interns: ES ended early May, EF ending Mid-August
- New Staff – 1 (P/T) Programs Manager
- Staff totals at end of quarter: 6 FT clinicians, 3 prescribers, 1 intern
- Hiring needs: 3 Full Time Staff in Hamburg; 2 Full Time Staff in Derby; 2 School Clinicians
- Telehealth services continue to allow for shared office space and decrease in barriers to access for clients

Discussion – No comments on this

10. 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**
    - SUD/Co-Occurring Disorders Training – all new clinicians are trained in this
        - Staff then completed CPI FIT Trainings.

11. 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.

- Still waiting on metrics from this year and 4th quarter of last year