

Harmonia Collaborative Care, Inc.
Mental Health Quality Assurance Committee
Minutes
Zoom Conference, Wednesday April 25th, 2023

Present – Staff: Jordan Alston, LMHC; Megan Brautlacht, LMHC; Marissa Biondolillo, LMSW; Tammy Davis, LMHC; Rachael Dudczak, LMHC; Cynthia Haist, PsyD Post-Doc; Jessica Grobe, PsyD Post-Doc; Gayles Hayes, LCSW; Kristine Ingro, PMHNP; Julia Lorusso, MHC-P; Jeremy Mauro, LCSW; Lena Rocco, PMHPNP; Cherie Ruben, Ph.D; Rachael Ruppert, PMHNP; Veronica Smith, MHC-P; Elizabeth Walker, LMSW; Leah May, Psychology Extern; Kailee Rolston, Psychology Extern

Not Present – Board Member: Christine Kluckhohn, Board Member – conflict.

Not Present – Community Representative: Seeking member.

1. Untoward Incidents.

a. New Incidents: There were five new incidents in the 1st quarter of 2023, these incidents were entered into NIMRS.

Incident was reviewed on March 8, 2023.

i. Client: REMOVED

DOB: REMOVED (age: 89)

Type of Incident: Death, Natural Causes, Unexpected **Date of Incident:** 01/26/23

Diagnosis: Major Depressive Disorder, Recurrent, Moderate

Medications: Celexa 40mg QD

Admission: 06/25/2009

At-Risk List: No

Service Providers: Cherie Ruben, PhD

Background: REMOVED

Incident: On 01/25/23, therapist contacted Autumn View SNF to make reminder call regarding client's telehealth visit on 01/26/23 at 12:00pm. Autumn View staff informed therapist the client was sent to Mercy Hospital. Therapist called for scheduled appointment on 01/26/23 and staff reported the client was still hospitalized. Therapist checked Health-E-Link later that day and discovered client had died that afternoon, sepsis from acute kidney failure.

MD Recommendations: Mental Health Care was appropriate and appeared to be very thorough. The Patient was elderly and had significant medical illnesses. Her passing was due to kidney failure and was not related to her mental health treatment. *PMargulis MD 01/27/2023*

Recommendations: None.

Incident was reviewed on March 8, 2023.

ii. Client: REMOVED

DOB: REMOVED (age: 16)

Type of Incident: Suicide Attempt, minor harm **Date of Incident:** 01/31/23

Diagnosis: Adjustment Disorder with Mixed Anxiety and Depressed Mood

Medications: None

Admission: 01/09/2023

At-Risk List: Yes

Service Providers: Jessica Grobe, PsyD

Background: REMOVED

Incident: On 02/02/23, client's foster mother contacted therapist via email reporting client had been transported to ECMC CPEP the evening prior due to client reporting she self-harmed by cutting that afternoon, expressed wanting to kill herself, and was throwing things in the house. Client was discharged from ECMC on 02/02/23, scheduled to see therapist 02/07/23 and medication clinic 03/06/23.

MD Recommendations: Patient risks clearly recognized and stated. During therapy Patient was not making any acute suicidal statements. Patient appeared to be able to utilize some coping skills to diminish risk. Patient accepted referral to medication clinic and was added to at risk list. The family appropriately transported the Patient to CPEP once she was exhibiting acute self-harming behaviors and aggression. Mental Health treatment appeared to be appropriate and there was no indication for hospitalization earlier in the treatment. *PMargulis MD 03/02/2023*

Recommendations: None.

Incident was reviewed on March 8, 2023.

iii. Client: REMOVED

DOB: REMOVED (age: 35)

Type of Incident: Suicide Attempt, minor harm

Date of Incident: 02/08/2023

Diagnosis: Major Depressive Disorder, Recurrent episode, Severe; Generalized Anxiety Disorder; Posttraumatic Stress Disorder

Medications: Ativan 1mg TID PRN; Lexapro 20mg QD – not prescribed since hospitalization

Admission: 12/22/2020

At-Risk List: Yes

Service Providers: Marissa Biondolillo, LMSW; Kristine Ingro, PMHNP

Background: REMOVED

Incident: During most recent counseling appointment on 02/07/23, client reported experiencing suicidal ideation, completed lethality assessment, completed informal safety plan, and decision was made to contact Crisis Services Outreach Team. Crisis Services called clinician next day, reported they spoke with client over the phone, and she was able to safety plan, but they remained concerned about her safety. CS reported being unable to contact client on 02/08/23, then discovered the client's sister called an ambulance for client at roughly 6:30pm that evening as client was speaking incoherently. Client was admitted at ECMC for overdosing on Ativan – emergency department illegal status hold for intentional ingestion of up to 45 1 mg tablets of lorazepam, also an edible suspected to be cannabis, with intent to harm self. She had dropped off her niece and nephew at home and then took the pills while she was in the car. She was unable to identify a trigger as to why she took an overdose besides that she had been thinking about it since she was in the third grade. She was also COVID-positive and completed a quarantine on the medicine floor. Denied imminent lethality upon discharged on 02/19/23 but could account for what had changed. Attended counseling appointment with agency on 02/22/23, safety plan revised – reported experiencing intense mood cycling after being taken off her medications at the hospital but has felt much better in the last several days and reported no SI in the last week.

MD Recommendations: Case reviewed. Patient was appropriately identified as being a higher risk for suicide attempt as it was recognized by the treatment team that her symptoms were changing. Her counseling frequency was increased. She had not made a suicide attempt in 15 years. She was appropriately referred to the crisis outreach team. She appeared to make an impulsive suicide attempt of ingesting Ativan but she was previously able to contract for safety. She gave no acute evidence that she was going to commit an overdose and at the time of her referral to the crisis outreach team, she was not presenting in a manner that would have either warranted immediate

hospitalization of would have suggested an imminent overdose. Her mental health condition and symptoms could have also been complicated by her being COVID positive at the time. The treatment team would not have been able to know she was going positive. Psychiatric treatment appears to have been appropriate. She received more intense services once the team recognized that she was struggling with symptoms. Despite her struggles, and lack of a suicide attempt in 15 years, she was acutely not able to follow her safety plan and ingested Ativan in what appeared to be an impulsive act. She was already being monitored by Crisis Services and at the time of her most recent visit prior to her actions, did not require hospitalization. *PMargulis MD 02/24/2023*

Recommendations: None.

iv. Client: REMOVED

DOB: REMOVED (age: 58)

Type of Incident: Suicide Attempt

Date of Incident: 03/09/2023

Diagnosis: Major Depressive Disorder, Recurrent, Severe; Generalized Anxiety Disorder; Posttraumatic Stress Disorder

Medications: Lexapro 10mg QD, Xanax 0.5mg BID PRN prescribed by HCC; Entresto 24-26mg BID, Carvedilol 6.25 BID, Pantoprazole 40mg QD, Spironolactone 25mg QD prescribed by other providers

Admission: 12/20/2022

At-Risk List: Yes

Service Providers: Elizabeth Walker, LCSW; Lena Rocco, PMHNP

Background: REMOVED

Incident: Primary therapy was contacted by ECMC SW on 03/13 and informed of client's admission. Per HEL report: According to the patient's daughter, she last heard from the patient last night at 9 PM. Daughter became worried today when she did not hear from her mother about after school arrangements for the patient's granddaughter. She sent the next-door neighbor over for a well check and the next-door neighbor smelled gas, calling 911. On police arrival, the patient had been found at the bottom of a 3 stairs landing, some evidence of head trauma, altered mentation but protecting her airway. The 4 burners of the patient's gas stove on. It appeared that the patient had attempted suicide by this method. The patient's daughter states that the patient was having a very hard time as the patient's daughter and granddaughter recently moved out of her house. Upon discharge on 03/15/23: Patient minimizes the suicide attempt, she admits to taking excessive amounts of Xanax throughout the day as well as drinking with a friend a lot of wine in the evening. She denies this was a planned suicide attempt or any intent to die around this. She acknowledges that as "very reckless, it scared the heck out of me." She denies any previous incidences similar to this. She denies any past intentional suicide attempts. She does admit to taking Xanax variably throughout the day depending on her level of anxiety and distress, however this day was the most she has ever taken. She also reports she has never previously mixed this with alcohol and recognizes this is very dangerous. When questioned about the burners still being left on, she attributes this to being altered by the substances and forgetting to turn it off after using it.

MD Recommendations: This patient generally presented in a low-risk manner without suicidal ideation. It appears that her behaviors may have been a suicide attempt, but she is either downplaying this or denying it. It does appear that the patient was not being honest about her alcohol and Xanax use. Her dose of Xanax was relatively low. It is unclear if she was hoarding doses so she could have more to take at the same time or whether she was obtaining Xanax from an outside source. It would not have been possible to have more than her prescribed number of pills, since the Istop would have shown that as an early request. Treatment and risk assessment should now be adjusted accordingly since the patient has not been forthcoming about her alcohol and

Xanax use and may be downplaying a suicide attempt. The treatment team may want to consider some type of outpatient alcohol treatment for this patient as well as careful reassessment of the clinical need for Xanax. At the time of her actions, the patient did not give any indication of suicidal ideation or excessive Xanax or alcohol use. *PMargulis MD 3/17/2023*

Recommendations: None.

v. Client: REMOVED

DOB: REMOVED (age: 49)

Type of Incident: Suicide Attempt

Date of Incident: 03/10/2023

Diagnosis: Bipolar I Disorder; Generalized Anxiety Disorder; Attention-Deficit Hyperactivity Disorder

Medications: Lithobid ER 600mg BID, Wellbutrin XR 300mg daily, Zoloft 100mg daily, Adderall IR 20mg qNoon, Klonopin 0.5mg daily PRN

Admission: 09/27/2006

At-Risk List: No

Service Providers: Valerie Nowak, LMHC; Lena Rocco, PMHNP

Background: REMOVED

Incident: Primary therapist was contacted on 03/10/2023 by Client, reported police were at her house and taking her to ECMC after a suicide attempt by CO poisoning and was found by her sister. Per HEL report: Client was evaluated at ECMC for signs of poisoning by CO, and showed mildly elevated levels, but no other medical concerns. Client was admitted to CPEP and evaluated. Client reported she had been feeling agitated for some time before the attempt and argued with her husband the night before the attempt; identified additional triggers of perimenopause, work stress, non-compliance with prescribed psychiatric medications and addressing childhood trauma in therapy. Client reported the attempt was impulsive and not planned; she reported she was not committed to a fatal attempt. She went to her garage and started her husband's Jeep, reported she was there about 15 minutes before being found by her sister. The evaluation indicated self-preservation by client such as leaving the garage door cracked about a foot and texting friends and sisters whom she knew would come to her aid. Client was not transferred for psychiatric hospitalization and discharged to home on 03/12/2023. Client was seen by primary therapist on 03/13/2023, prescriber on 03/14, and safety planned with therapist on 03/15. Being seen for weekly individual therapy at this time.

MD Recommendations: At the time of what appears to be a suicide gesture which included an ECMC eval which did not result in hospital stay, the patient had missed therapy and medication visits, so it would not have been possible to assess her symptoms at that time. It was unclear whether she was still on her medications. If she was not on her medications, this could have led to instability. Upon re-engagement with the treatment team, she was recognized as being high risk and was able to make a treatment plan. There is no mention of continued medication visits however I would recommend a prompt re-evaluation of her psychiatric medications. *PMargulis MD 3/17/2023*

Recommendations: Self-reported not medicating for about 2 weeks, now has pill container and extra support from med clinic.

b. Old Incidents: None to review.

2. Child Abuse Reports: There were no child abuse reports made in the 1st quarter.

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

4. Suboxone Program: All three HCC prescribers (Rachael Ruppert, Lena Rocco, Kristine Ingro) are trained and certified to prescribe Suboxone. The clinic is accepting referrals. Clients must appear on-site, abide by signed program agreement, and submit toxicology screenings. On-site Narcan training was provided to all staff 02/2022. Emergency Narcan Overdose Cabinet Kits have been installed at both clinics, two per site. Workflow is being developed to readily identify treatment team when a client is diagnosed with OUD and next steps.

- There are currently 30 clients diagnosed with an OUD and 8 receive suboxone from the site.

5. School Program Satellite Clinics – “Turn It Around”: Currently providing on-site counseling at Lake Shore High School 7:45am-3:45pm on Mondays, Tuesdays, and Thursdays. School Programs Coordinator position filled 04/24/23 – Sarah Cozzemera. Jon R. Oishei Foundation grant is supporting business plan developed to expand services at LS and grow into other districts.

- 34 unique individuals served this quarter.

6. Client Satisfaction/Testimonials:

- There are currently 25 google reviews for the Derby location, accompanied by a 4 out of 5 stars rating; 11 reviews for the Hamburg location, 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.

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

8. Safety: No report.

9. Quality Improvement – Clinic Wait Times

a) Initial Appointment Wait Time: 01/01/2023 – 03/31/2023

Days to appt	# of clients	% of client
0-3	8	6%
4-10	15	11%
10-30	88	65%
>30	25	18%

During this quarter, 82% of initial appointments were given within 30 days, an increase from 79% in Q4 of 2022. Eight clients were given an appointment within 3 days and 25 greater than 30.

b) Average of Days to Intake: 01/01/2023 – 03/31/2023

Location	Derby	Hamburg	Grand Total
Average DaysToIntake	22	21	21

The total average days to intake increased from 20 to 21.

c) No Show Rate: 01/01/2023 – 03/31/2023

Visit Type	Derby	Hamburg	Total
Checked In	3115	1511	4626
No Show	326	166	492
No Show Rate	9%	10%	10%

The average no-show rate has remained at 10%.

d) Referrals, Treatment Sessions, People Served

	Mental Health Clinic				
Referrals		<i>Mar-23</i>	<i>2023 YTD</i>	<i>2022 YTD</i>	<i>Variance</i>
	Derby	51	138	85	62%
	Hamburg	33	112	193	-42%
	Schools	-	-		
	Total	84	250	278	-10%
Treatment Sessions					
	Derby	1,075	2,944	3,018	-2%
	Hamburg	554	1,526	2,032	-25%
	Schools	64	151		
	Total	1,693	4,621	5,050	-8%
People Served					
	Derby	622	750	741	1%
	Hamburg	316	397	566	-30%
	Schools	34	34		
	Total	972	1,181	1,307	-10%

Comparing 2023 to 2022, variances are negative; -10% referrals, -8% treatment sessions, and -10% unique people served.

Comment: During this quarter - 12 clinicians, 2 interns, and 3 prescribers actively seeing clients. Caseloads are between 90-110 on average for clinicians. Telehealth services continue to allow for shared office space and decrease in barriers to access for clients.

➤ **Action Plan:** Hiring plans for 2023 –1 Programs Manager, 4 FT Hamburg Clinicians (2/4 acquired starting in Q2 and Q3), and 1 FT Derby Clinician.

10. PSYCKES – CQI – Overdose Prevention Project: 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.

- Harmonia will be graduating from this project by the end of the year. Elements left to implement to solidify graduation: workflows regarding clients given OUD diagnosis, workflow regarding clients receiving Narcan, and regular training for clinical staff on substance use/co-occurring disorders.

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.

- Megan is attending meetings and heading up management of PDSA cycles to improve metrics until Programs Manager position is filled, during which implementation will become their responsibility.



Megan Brautlacht, Director of Clinics