

**Harmonia Collaborative Care, Inc.**  
**Mental Health Quality Assurance Committee**  
**Q3 2023 Minutes**  
**Zoom Conference, Wednesday October 25<sup>th</sup>, 2023**

**Present – Staff:** Jordan Alston, LMHC; Erin Bascug, LMSW; Megan Brautlacht, LMHC; Tammy Davis, LMHC; Rachael Dudczak, LMHC; Erin Figiel, MHC Intern; Cynthia Haist, PsyD Post-Doc; Jessica Grobe, PsyD Post-Doc; Gayles Hayes, LCSW; Kristine Ingro, PMHNP; Cherice Morgan, MHC-P; Kelsey Nicosia, PsyD Post-Doc; Elisabeth Parker, MSW; Lena Rocco, PMHPNP; Cherie Ruben, Ph.D; Rachael Ruppert, PMHNP; Emma Scumaci, Psychology Extern; Veronica Smith, MHC-P; Beverly Eagan, Human Resources and Compliance Specialist  
**Not Present – Board Member:** Christine Kluckhohn, Board Member – conflict.  
**Not Present – Community Representative:** Seeking member.

**1. Untoward Incidents.**

**a. New Incidents:** There were three new incidents in the 3<sup>rd</sup> quarter of 2023, these incidents were entered into NIMRS.

**i. Client:** Removed

**DOB:** REMOVED (age: 67)

**Type of Incident:** Death, Natural Causes, Unexpected      **Date of Incident:** 09/08/2023

**Diagnosis:** Major Depressive Disorder, Recurrent, Moderate; Generalized Anxiety Disorder, Attention-Deficit Hyperactivity Disorder

**Medications:** Cymbalta 60mg QD; Adderall 20mg BID; Gabapentin 600mg qAM 1200 qHS; Lorazepam 0.5mg BID PRN – prescribed by HCC; Lasix 40mg tablet QD, Metformin 500mg qAM 500mg qHS, Potassium Chloride ER 10mg QD – prescribed by other health care providers.

**Admission:** 08/25/2015

**At-Risk List:** No

**Service Providers:** Gayles Hayes, LCSW; Lena Rocco, PMHNP

**Background:** REMOVED

**Incident:** Per Health-E-Link report, on 08/31/23 client presented to ED after being found unresponsive at home in his bathtub with drug paraphernalia nearby, patient was given Narcan by EMS with no response. Initial EKG showed normal sinus rhythm. X-ray of the chest showed possible left lung infiltrate. CT head shows no acute infarct. Blood work shows no leukocytosis, urine drug screen showed positive amphetamines, BMP shows elevated glucose. Initial VBG showed mild respiratory acidosis with hypercapnia. Patient was initially given DuoNeb steroids for possible hypercapnia, patient had mild improvement and became slightly easier to arouse although still remained unresponsive and unable to follow commands. Patient was monitored in ED, however mental status continued to worsen and patient developed tachycardia. Given his severe anoxic brain injury with poor prognosis for recovery, a family meeting was held with the critical care team and new MOLST was completed on 09/04/23 reflecting transition to full comfort measures. Comfort care orders were placed. On the evening of 09/08/23, family at bedside noticed that he stopped breathing. He was pronounced dead at 7:41 PM. Client's daughter contacted the agency on 09/12/23 to report his death.

**MD Recommendation:** The Patient denied recent suicidal ideation as well as any illicit substance use. He appeared to be regularly attending his mental health visits and had daily support from family members. The exact cause of his death is unclear but it appears that acute substance use or

possible overdose may have contributed to his death. It is unclear whether this was an accidental overdose, a suicide attempt or a substance related significant exacerbation of his significant medical illnesses. There would have been no reason for the mental health treatment team to suspect that he was acutely using substances or possibly acutely suicidal. If he has been taking his psychiatric medications as prescribed and he had not requested early refills, then unless he was purposely hoarding his medications, with the secret intent to overdose, there would have been no reason to suspect that he was improperly taking his Psychiatric medications or that these medications contributed to his death. Unfortunately, recently the market has become flooded with very powerful and very dangerous synthetic opioids that are readily available on the street and carry a significant risk of overdose. PMargulis MD

**Follow-up:** None.

**ii. Client:** REMOVED

**DOB:** REMOVED (age: 74)

**Type of Incident:** Death, Natural Causes, Unexpected **Date of Incident:** 10/03/2023

**Diagnosis:** Major Depressive Disorder, Recurrent, Moderate; Generalized Anxiety Disorder

**Medications:** Wellbutrin XL 300mg PO QAM, Lexapro 10mg PO QHS – prescribed by HCC; Losartan HTZ 100-12.5mg QD, Multivitamin, Vit D3, Omega 3 – prescribed by other provider

**Admission:** 08/03/2018

**At-Risk List:** No

**Service Providers:** Gayles Hayes, LCSW; Kristine Ingro, PMHNP-BC

**Background:** REMOVED

**Incident:** Clinician became aware of client's death via Health-E-Link. Client presented to ER following cardiac arrest at a gas station. He required multiple vasopressors for hypotension and kidney function continued to decline despite maximal medical therapy. Frank discussion was had with the family, who elected to pursue comfort measures. MOLST was completed and patient was compassionately extubated at 20:45. He passed away at 21:00 with family at bedside.

**MD Recommendation:** Patient passed away from natural causes. Passing was unrelated to Mental Health Treatment. PMargulis MD

**Follow-up:** None.

**iii. Client:** REMOVED

**DOB:** REMOVED (age: 36)

**Type of Incident:** Suicide Attempt, Serious Injury or Harm **Date of Incident:** 10/09/2023

**Diagnosis:** Bipolar II Disorder, Generalized Anxiety Disorder, Panic Disorder

**Medications:** Zyprexa 20mg PO qHS, Ativan 1mg PO TID PRN – prescribed by HCC; Topamax 100 mg, Carvedilol 3.125 mg, Percocet 5 mg, Flexeril 10 mg, Gabapentin 100 mg, Zofran 4 mg – prescribed by other providers

**Admission:** 04/29/2015

**At-Risk List:** No

**Service Providers:** Gayles Hayes, LCSW; Kristine Ingro, PMHNP-BC

**Background:** REMOVED

**Incident:** Clinician received message from Dr. Beatty at ECMC on 10/10/23 stating client was admitted due to intentional overdose on prescription medication. Client presented to ED via ground EMS on 10/09 for evaluation following an overdose, called in by her boyfriend. Per 10/12/13 notes found on Health-E-Link: Client endorses that she does not currently have any SI, but she did on Sunday (10/08) when she attempted. Patient reports that she has had thoughts of harming herself for a few weeks, but she denies creating a plan and/or leaving a note and endorses that

consuming the pills was an impulsive decision. She denies ever attempting suicide before, but she has had thoughts of suicide in the past. The thoughts are not constant, but she stated "everything has been so prolonged that she just snapped". She reports that her attempt was due to a lot of stress building up in her life: DETAILED INFORMATION REMOVED. She has shotguns in the home she lives in with her boyfriend, but they are locked up and she denies having access to them.

**MD Recommendation:** Patient had not been relating any suicidal ideation to her treatment team. The treatment team appeared to be aware of and was addressing the chronic stress and multiple issues this patient was dealing with. Upon return to treatment I would recommend a more frequent level of monitoring and a strict safety plan. PMargulis MD

**Follow-up:** Client was discharged from medical unit to psychiatric unit on 10/11/23, discharged from psychiatric unit on 10/16/23. Client attended counseling appointment on 10/20/23 during which a safety plan was developed, client was added to at-risk list, and weekly appointments scheduled. Client reported DETAILS REMOVED, which has alleviated a lot of her stress. Client scheduled in medication clinic 11/01/23.

**b. Old Incidents:** There is one incident from last quarter to review.

*Incident was reviewed on July 26<sup>th</sup>, 2023.*

**i. Client:** REMOVED

**DOB:** REMOVED (age: 41)

**Type of Incident:** Suicide Attempt, Serious Injury/Harm      **Date of Incident:** 06/02/2023

**Admission:** 06/26/2018

**At-Risk List:** Yes

**Service Providers:** Cherie Ruben, PhD; Kristine Ingro, PMHNP

**Follow-up:** Klonopin prescription stopped after incident, client not agreeable and reports struggling with symptoms as a result. Client will be recommended to attend a 28-day treatment program due to substance use history, his recent substance abuse, overdose, and suicide attempt.

**Update:** Client was not interested in a higher level of care, denied having any substance use issues to address. Client requested discharge due to no longer receiving klonopin from prescribers and successfully linked with another OMH clinic, the Dale Association to continue receiving klonopin.

**2. Child Abuse Reports:** There was one child abuse report made in the 3<sup>rd</sup> quarter. CPS report form attached to this document.

- E. Bascug called on 09/13/23 about her 15-year-old client reporting she was left home alone for 9 days while her parents went on vacation. Basis of suspicions: Inadequate Guardianship, Lack of Supervision, Lack of Medical Care.
  - Reported unfounded. Client added to at-risk list.

**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. Client Satisfaction/Testimonials:**

- There are currently 23 google reviews for the Derby location, accompanied by a 3.9 out of 5 stars rating; 14 reviews for the Hamburg location, accompanied by a 3.8 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.
  - New Office Manager is starting 11/06/23 and will assist.

**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, Tuesdays, and Thursdays during school year via 2 clinicians. Program Coordinator exploring funding opportunities to support expansion and ways to address students’ Social Determinants of Health.

- 31 unique individuals served this quarter.

**10. Chart Compliance:** Clinical Consultant Dawn Ferguson began working with Harmonia 10/11/23. Dawn will be conducting training and chart audits to assist with implementation of Performance Improvement Plan developed in response to OMH auditing visit conducted 04/2023.

## 11. Quality Improvement – Clinical Statistics

### a) Initial Appointment Wait Time: 07/01/2023 – 09/30/2023

Days to appt	# of clients	% of client
0-3	5	6%
4-10	18	21%
10-30	53	62%
>30	10	12%

- During this quarter, 89% of initial appointments were within 30 days from referral date. Five clients were given an appointment within 3 days and 10 greater than 30 days.

### b) Average of Days to Intake: 07/01/2023 – 09/30/2023

Location	Derby	Hamburg	Grand Total
Average DaysToIntake	14	24	19

- The total average days to intake decreased from 23 to 19.

c) **No Show Rate:** 07/01/2023 – 09/30/2023

Visit Type	Derby	Hamburg	Total
Checked In	2983	1797	4780
No Show	302	215	517
No Show Rate	9%	11%	10%

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

d) **Referrals, Treatment Sessions, People Served:**

	<b>Mental Health Clinic</b>				
<b>Referrals</b>		<b>Sep-23</b>	<b>2023 YTD</b>	<b>2022 YTD</b>	<b>Variance</b>
	Derby	57	277	179	55%
	Hamburg	32	333	231	44%
	Schools	-	-		
	<b>Total</b>	<b>89</b>	<b>610</b>	<b>410</b>	<b>49%</b>
<b>Treatment Sessions</b>					
	Derby	663	8,145	7,697	6%
	Hamburg	561	5,106	5,425	-6%
	Schools	47	342		
	<b>Total</b>	<b>1,271</b>	<b>13,593</b>	<b>13,122</b>	<b>4%</b>
<b>People Served</b>					
	Derby	464	820	772	6%
	Hamburg	342	626	693	-10%
	Schools	30	39		
	<b>Total</b>	<b>836</b>	<b>1,485</b>	<b>1,465</b>	<b>1%</b>

- Comparing 2023 to 2022 YTD:
  - Referrals up 49%, Treatment Sessions up 4%, People Served up 1%.

**Comment:** During the third quarter:

- Waitlist active: 07/17/23 – 09/06/23 and 10/02/23 – 10/10/23
- Staff departures, last day: EW 07/20, JM 08/04, JL 09/15
- New hires, start dates: KN 09/05, KB 09/13
- Interns: EF and ES started 09/13
- Staff totals at end of quarter: 13 clinicians, 3 prescribers, 2 interns
- Hiring needs: 1 Programs Manager, 2 FT Derby Clinicians, 2 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
- Statistics show clients being seen more frequently than in the past and having longer episodes of care, resulting in less people served overall.

**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**

- Clinical meeting on 11/15/23 to address treatment of dual disorder clients.
  - Staff will identify training needs (dual-disorder, harm-reduction, etc.)
- Currently 20 clients diagnosed with OUD and 8 receive suboxone from the site.
  - Workflow being developed regarding identification and diagnosis of OUD.
  - Workflow being developed around providing Narcan to clients.

**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.

- 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.
- 2022 Value Network opportunity with Monroe Plan, serving Molina Health Plan Medicaid Members, focused on collective success on 5 Quality Measures:
  1. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
  2. Adherence to Antipsychotic Medications for Individuals with Schizophrenia
  3. Follow-Up After Emergency Department Visit for Alcohol or Other Drug Dependence Within 7 Days
  4. Follow-Up After Hospitalization for Mental Illness Within 7 days
  5. Follow-Up After Emergency Department Visit for Mental Illness Within 7 days
  - 2022 payout from Monroe-Molina: \$816.18
- Waiting for payouts from Highmark and Amerigroup.




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Megan Brautlacht, Director of Clinics