

Harmonia Collaborative Care, Inc.
Mental Health Quality Assurance Committee
Q4 2023 Minutes
Zoom Conference, Wednesday January 24th, 2024

Present – Staff: Jordan Alston, LMHC; Erin Bascug, LMSW; Gabriel Birkby, MHC-P; Marissa Biondolillo, LMSW; Kathryn Blanchard, LMSW; Megan Brautlacht, LMHC; Tammy Davis, LMHC; Rachael Dudczak, LMHC; Erin Figiel, MHC Intern; Cynthia Haist, PsyD Post-Doc; Gayles Hayes, LCSW; Kelsey Nicosia, PsyD Post-Doc; Cherie Ruben, Ph.D; Emma Scumaci, Psychology Extern

Board Member: Christine Kluckhohn, Board Member

Not Present – Community Representative: Seeking member.

1. Untoward Incidents.

a. New Incidents: There were four new incidents in the 4th quarter of 2023, these incidents were entered into NIMRS.

i. Client: REMOVED

DOB: REMOVED (age: 35)

Type of Incident: Death of Client, Unexpected

Date of Incident: 10/26/2023

Diagnosis: Unspecified Mood Disorder/Affective Psychosis NOS

Medications: Abilify 15mg QD

Admission: 08/21/2020

At-Risk List: No

Service Providers: Jordan Alston, LMHC; Lena Rocco, PMHNP-BC

Background: REMOVED

Incident: Client's primary clinician called client for their scheduled appointment on 12/07/23, the line was busy, therefore clinician called number listed for client's parents and client's mother answered. Client's mother stated client had died on 10/26/23, day after last counseling appointment and that the death was being investigated, did not provide further details. Clinician expressed condolences and offered support to family.

MD Recommendation: Cause of death is unclear. Patient denied suicidal or homicidal ideation. Patient had significant medical illnesses. Patient was still using alcohol. Patient missed the most recent medication visit of 6/22/23 and did not reschedule. Although the cause of death is unclear and not known to us as this time, based on the available information and Patient presentations at the most recent visits,, there was no indication that the Patient was suicidal or was at high risk of lethal substance overdose. The untimely and unfortunate death of this Patient does not appear to be related to Mental Health Treatment. *PMargulis MD*

Follow-Up: None.

ii. Client: REMOVED

DOB: REMOVED (age: 60)

Type of Incident: Death, Natural Causes, Unexpected

Date of Incident: 11/16/2023

Diagnosis: Bipolar II Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder

Medications: Lexapro 20mg QD, Abilify 5mg QD, Seroquel 400mg QHS, Prazosin 4mg QD, Xanax 0.25mg 0.5-1 tablet PO PRN; Albuterol, Chemotherapy – prescribed by non-HCC providers

Admission: 11/07/2019

At-Risk List: No

Service Providers: Tammy Davis, LMHC, PhD; Kristine Ingro, PMHNP-BC

Background: REMOVED

Incident: Client's daughter-in-law came into the office to report that Client had died in early November. Per Health-E-Link report, Client presented to the ED via EMS, EMS reported Client was short of breath, lightheaded x3 days, and hypotensive. Client presented with cough and congestion, found to be neutropenic ANC 0.8, PNA on CXR. Patient placed on bipap in ER d/t CO2 retention on VBG but could not tolerate and was put on HFNC. Fluid resuscitated in ED for sepsis and transferred to MICU for further management. Client unfortunately continued to decline clinically with worsening hypoxic/hypercarbic respiratory failure despite use of noninvasive positive pressure ventilation, after discussion with patient's son elected for transition to full comfort care measures on 11/16/2023 with patient unfortunately succumbing to her critical illness and passing away on 11/16/23.

MD Recommendation: It appears from the available information that the Patient's unfortunate and unexpected passing was from severe respiratory complications and sepsis. It was not related to her mental health treatment which appeared to be appropriate. *PMargulis MD*

Follow-Up: None.

iii. Client: REMOVED

DOB: REMOVED (age: 65)

Type of Incident: Death, Natural Causes, Unexpected

Date of Incident: 12/04/2023

Diagnosis: Obsessive Compulsive Disorder, Post-traumatic Stress Disorder, General Anxiety Disorder, Bipolar I Disorder - in remission

Medications: Ativan 2mg TID, Luvox 100mg TID

Admission: 10/17/2016

At-Risk List: No

Service Providers: Cherie Ruben, PhD; Kristine Ingro, PMHNP-BC

Background: REMOVED

Incident: Client no-showed 12/18/23 visit, clinician had been conducting outreach without receiving a response, therefore searched online and found an obituary indicating client had died 12/04/23. Clinician then contacted PCP due to client not having collaterals, nurse indicated they were contacted by police officer and funeral home: client was found 7:30pm 12/04/23 when neighbor saw her lying on floor, freezer open. Funeral home states cause of death was cardiac arrest, also diabetes, COPD, and chronic kidney disease.

MD Recommendation: Untimely passing of this Patient appears to have been related to significant Medical Issues and did not appear to be related to Mental Health Concerns or Treatment.

PMargulis, MD

Follow-Up: None.

iv. Client: REMOVED

DOB: REMOVED (age: 43)

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

Medications: Abilify 10mg QD; Zoloft 25mg QD; Methylphenidate 20mg TID; Klonopin 1mg TID PRN

Admission: 08/23/2016

At-Risk List: No

Service Providers: Cherie Ruben, PhD; Lena Rocco, PMHNP-BC

Background: REMOVED

Incident: Client's therapist received Health-E-Link alert stating client had been admitted to ECMC due to overdose on 01/13/23: Patient reports that for the last few weeks he has not been taking his Zoloft and Abilify for his bipolar disorder because he does not like the way the medications make him feel. He reports that over the last few weeks he has been having suicidal thoughts and just cannot get them out of his head. He reports that last evening at approximately 6 PM he took approximately 45 tablets of his Ritalin as well as 45 tablets of his clonazepam in an attempt to end his life. He states that he also drank alcohol with these medications. He states that he was able to sleep for few hours, told his mother of what occurred last evening, and was brought to the emergency department for further evaluation and treatment. Client was transferred from ED to CPEP same day. During mental health assessment client reported: his main stressor is going through a breakup with his girlfriend, he has been drinking ETOH daily for the past two weeks, his sleep has been fluctuating, he has low mood and motivation, and frequent fleeting thoughts of SI. He was able to contract for safety. He has been working part time at a post office and has been able to get himself to work, but other than this he describes hopelessness and loss of pleasure in activities. Client was discharged from CPEP 01/19/24.

MD Recommendation: This Patient had a known and well document lengthy history of multiple Psychiatric Diagnoses, multiple past suicide attempts, past hospitalizations, and a history of substance use. It was well documented that this Patient presented as very high risk. At the time of his most recent suicide attempt and hospitalization, the Patient had not been taking his prescribed medication, had not been keeping appointments, had recently been ingesting alcohol and had not been communicating his level of distress with the staff. Due to his lack of compliance or communication, it would not have been possible for the Treatment Team to know the level of distress he was under at that time. Should the Patient continue in Treatment with Harmonia, he should be clearly identified as high risk, his medications should potentially be adjusted, he should have frequent visits and he should be referred for substance use treatment. *PMargulis, MD*

Follow-Up: Client attended counseling session on 01/24/24, during which they were added to at-risk list and completed a safety plan; will attend bi-weekly counseling at this time.

b. Old Incidents: There are no incidents from last quarter to be reviewed.

2. Child Abuse Reports: There were no child abuse reports made in the 4th 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. Client Satisfaction/Testimonials:

- There are currently 24 google reviews for the Derby location, accompanied by a 4 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.

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.
- Program Coordinator applied for Mother Cabrini Health Foundation Mental and Behavior Health Grant in Q3. In Q4, Harmonia was awarded \$150,000 for the Rural School Program Expansion Project.
 - Developing School-Based Clinician Job Description
- 34 unique individuals served this quarter.

8. Chart Compliance: Clinical Consultant Dawn Ferguson started 10/11/23 – conducting training and chart audits to assist with implementation of Performance Improvement Plan developed in response to OMH auditing visit conducted 04/2023.

- Trainings to be conducted in Q1 of 2024: Professional Supervision, Treatment Planning, Documentation/Progress Notes.
- Proposed client discharges/non-admits will be reviewed at weekly Clinical Staff Meeting, meeting to be facilitated by Dawn beginning 01/31/24.
- Dawn and Megan addressing updating of Clinic Manual.

9. Quality Improvement – Clinical Statistics

a) Initial Appointment Wait Time: 10/01/2023 – 12/31/2023

Days to appt	# of clients	% of client
0-3	26	19%
4-10	29	21%
10-30	63	46%
>30	18	13%

- During this quarter, 86% of initial appointments were within 30 days from referral date. Twenty-six clients were given an appointment within 3 days and eighteen greater than 30 days.

b) Average of Days to Intake: 10/01/2023 – 12/31/2023

Location	Derby	Hamburg	Grand Total
Average DaysToIntake	16	20	17

- The total average days to intake decreased from 19 to 17.

c) **No Show Rate:** 10/01/2023 – 12/31/2023

Visit Type	Derby	Hamburg	Total
Checked In	2193	1823	4016
No Show	276	271	547
No Show Rate	11%	13%	12%

- The average no-show rate increased from 10% to 12%.

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

	Mental Health Clinic					
Referrals		Dec-23	2023 YTD		2022 YTD	Variance
	Derby	3	304		296	3%
	Hamburg	1	391		312	25%
	Schools	-	-			
	Total	4	695		608	14%
Treatment Sessions						
	Derby	606	10,234		10,269	0%
	Hamburg	496	6,897		6,634	4%
	Schools	26	476			
	Total	1,128	17,607		16,903	4%
People Served						
	Derby	441	839		928	-10%
	Hamburg	318	705		679	4%
	Schools	24	44			
	Total	783	1,588		1,607	-1%

- Comparing 2023 to 2022:
 - Positive variance of 14% referrals and 4% treatment sessions
 - Negative variance of 1% for unique people served
- Other 2023 Statistics:
 - 23% of appointments were attributed to Medication Clinic
 - 66.1% of clients identified as female, 33.3% male, and 0.6% unknown
 - Billing department worked with 74 payers:
 - 15.4% - Highmark BCBS of WNY
 - 12.4% - IHA MCD Beacon
 - 11.9% - Fidelis Care MCD
 - 7.6% - Amerigroup – BCBS of WNY MCD
 - 7.2% - Upstate Medicare
 - 6.9% - IHA
 - 4% - Molina MCD
 - 3.4% - IHA Self-Funded

- 3.1% - BCBS of WNY
- 3.0% - UHC Dual Complete MCR/MCD
- All others less than 3%

Comment: During the fourth quarter:

- Statistics show clients being seen more frequently than in the past and having longer episodes of care, resulting in less people served.
- Clinic was on waitlist from 07/18–09/18, 10/02–10/20, 11/03–present
- Staff departures, last day: VS 10/27, JG 11/02, EP 11/16
 - C. Morgan started 10/11 and left 11/22; C. Malinowski started 10/31 and left 01/19
- New hires, start dates: GB 01/16
- Interns: EF and ES started 09/13; ES ending Mid-May, EF ending Mid-August
- Staff totals at end of quarter: 11 clinicians, 3 prescribers, 2 interns
- Hiring needs: 1 Programs Manager, 3 FT Derby Clinicians, 3 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

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 held 11/15 on-site, facilitated by Dawn and Megan – all clinicians and prescribers attended.
 - Staff then completed CPI FIT Trainings.
 - Workflow being developed around providing Narcan and testing strips to clients when applicable.

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.

- 2022 payout from Monroe-Molina: \$816.18. Highmark: \$5,412.11. Waiting on Amerigroup.
- Proposed recommendation for the 2024 Monroe Plan contract:
 - Quality Metrics:
 - Follow-Up After Hospitalization for Mental Illness (FUH7)
 - Diabetes Screening for People with Schizophrenia or Bipolar Who are Using Antipsychotic Medications (SSD)
 - Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence (QPODN)
 - Hemoglobin A1c Control for Patients with Diabetes (HBD): Hba1c control (<8.0%)
 - CBP: blood pressure control for patients with HTN
 - Gaps In Care:
 - Breast Cancer Screening

- Colorectal Cancer Screening
- Adolescent Well Care Visit (WCV)



Megan Brautlacht, Director of Clinics