

Harmonia Collaborative Care, Inc.
Mental Health Quality Assurance Committee
Q3 2024 Meeting Minutes
Zoom Conference, Wednesday, 2024

In attendance – Grace Harvey, MSW-P; Lena Rocco - PMP; Rachael Ruppert; Kristine Ingro; Tammy Davis, LMHC; Emil Beckford, psych extern; Rachael Dudczak, LMHC; Lisa Greene – MHC -P; Baylee Romano – MHC intern; Lauren Ryan; Julia HAcKford; Lauren Teti; Sophia McKeone; Courtney Kuppel; Cherie Ruben; Jordan Alston; Tristan Keelan, Board representative

1. Untoward Incidents.

a. New Incidents: There was one new incident in the 3rd quarter of 2024, this incident was entered into NIMRS.

i. Client: L C

DOB: XX/XX/XX

Type of Incident: attempted suicide

Date of Incident: 8/28/2024

Diagnosis: GAD/ MDD recurrent episode, severe

Medications: Wellbutrin XL 300mgqd;

Lamictal 25mgbid; Lexapro 20mgqd;

Ativan 2mgbidprn;

Naltrexone 50mgqd;

Ambien 10mgqhsprn

Admission: 05//22/2018

At-Risk List: no, at time of incident, has been updated to yes since incident

Service Providers: Cherie Ruben, PhD, Licensed Psychologist; Lena Rocco – P-NP

Background: L is a 60-year old female with a history of GAD, MDD, SU disorder and multiple sclerosis. L has been married for over 30 years but reports her marriage is not a good marriage. Attempted suicide in 2015 (took overdose of Ambien and drank alcohol). Another time she was drunk, drove to lake and walked at Sturgeon Point (found her vehicle and followed her path to a snowbank); this was in 2015 too (husband cheated; diagnosed with MS). She had fleeting suicidal thoughts and method (driving into a wall) but denied intent when she was hospitalized in 5/2022. She denied current ideation at 8/13/2024 visit.

Incident: 8/28/24 – Took 10-15 Lorazepam; 9.41 to ECMC-CPEP

- 8/30/24 – ECMC transferred her from CPEP to unit 5.1; diagnosed with Depressive Disorder secondary to Medical Condition (coping with MS)

The suicide attempt was made following her husband telling her he was filing for divorce. Ms. C took the Lorazepam with alcohol.

ECMC ED report - This is a 60-year-old female with 2 prior suicide attempts and history of anxiety and depression who presents today after a suicide attempt. She endorses suicidal ideation. She is awake and oriented and able to have a normal conversation in the room. Her respiratory effort is normal. She is not bradycardic and she has a normal respiratory rate. No concerning EKG findings.

Patient was brought on 9.41. We will complete workup in the ED including BMP, tox screen. We will not consult poison control at this time because patient is alert and oriented and is a habitual user of Ativan and alcohol, but will consider if condition deteriorates. Patient will metabolize for several hours.

She will eventually be transferred to CPEP

MD Recommendation:

Patient had denied suicidal ideation or intent at the time of the most recent visit. It appears that this recent attempt was acutely triggered by her husband informing her that he wanted to file for divorce. Given her history of overdoses, suicidal ideation and very dangerous mixing of alcohol with lorazepam, I would ask the treatment Prescribers to consider whether they may want to slowly taper this patient off or lorazepam or consider dispensing only a small amount at a time. Also, if she has a pattern of current alcohol use, she likely should not be prescribed a benzodiazepine. I also have questions regarding the efficacy of the current medication protocol. I would also recommend that if she is actively using alcohol, that she be referred for substance use treatment. PMargulis MD 10/21/2024

Incidents Discussion – Ms. C is titrated off her benzodiazepine and is back in treatment. The marriage situation is not resolved, however, and the MS is still active and another trigger. The attempt was an attempt to get her husband’s attention (she told him and “he didn’t care”).

2. **Incident Follow up** – There are no current follow up reports for the 3rd quarter

Incident Follow Up – CO

Will be discharged due not being able to adhere to good behavior policy and requiring a higher level of care. CO was discharged from HH CM after threatening to kill CM.

3. Client Satisfaction/Testimonials:

- There are currently 24 google reviews for the Derby location (most recent 8 months ago), accompanied by a 4 out of 5 stars rating; 16 reviews for the Hamburg location (most recent 4 months ago), accompanied by a 3.4 rating.
- Client satisfaction surveys continue to be offered to clients via QR code and paper copy. The survey was updated in August and we have received 7 responses. All responses returned have been favorable.

4. 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.
- We have completed MOU with Silver Creek and are waiting for approval from state
- We will be reducing our age at which we serve clients in order to expand into middle schools
- 29 unique individuals served this quarter.

10. Chart Compliance:

- Trainings conducted in Q3 of 2024: Progress Notes
- Clinic Manual complete

11. Quality Improvement – Clinical Statistics

a) Initial Appointment Wait Time:

Days to appt	# of clients	% of client
0-3	0	0%
4-10	5	50%
10-30	3	30%
>30	2	20%

- During this quarter, 80% of initial appointments were within 30 days from referral date. Five clients were given an appointment within 10 days and two greater than 30 days.

b) Average of Days to Intake:

	Derby	Hamburg	Grand Total
Average of Days To Intake	20.625	7	17.9

- The total average days to intake decreased from 23 to 18.

c) No Show Rate:

Visit Type	Derby	Hamburg	Total
Checked In	1648	1277	2925
No Show	188	163	351
No Show Rate	10%	11%	11%

- The average no-show rate decreased from 13% to 11%.
- Discussion – any comments on why this decrease? Seeing clinician before the NP if a no-show occurred may be a factor; Cherie does suggest calling people the day before to encourage appointment adherence; there is some concern no-shows increase

d) Referrals, Treatment Sessions, People Served:

	Mental Health Clinic					
Referrals		<i>Jul – Sept 24</i>	2024 YTD		2023 YTD	Variance
	Derby	9	50		138	-56%
	Hamburg	2	95		288	-49%
	Schools	-	-			
	Total	11	145		426	-52%
Treatment Sessions						
	Derby	1585	5468		7324	-25%
	Hamburg	1274	5006		5929	-16%
	Schools	66	266		341	-23%
	Total	2925	10740		13594	-21%
People Served						
	Derby	458	567		781	-27%
	Hamburg	363	529		671	-21%
	Schools	29	39		34	14%
	Total	850	1,135		1485	-24%

- Comparing 2024 to 2023:
 - Negative variances in all domains
- Other 2024 Q3 Statistics:
 - 22.5% of appointments were attributed to Medication Clinic
 - 69.9% of clients identified as female, 29.2% male, and 0.9% unknown

Comment: During the third quarter:

- 2024 Q3 showed clients being seen an average of 5.2 times, with a range of 1 to 23.
- Clinic was still on waitlist and working through client transfers of those whose clinicians left
- Medicare intakes and transfers limited by ability to assign to only fully licensed staff; this was further complicated by 2 additional staff leaving in Sept.
- Staff departures, last day: CH – 9/19; VS – 9/19
- New hires, start dates: JH – July 1; GH – July 1; LR – July 28; LG – Aug 26
- Interns: BR started 9/26 (Canisius MHC program); EB (UB Counseling Psych), CK, LT (D’Youville Clinical Psych); GW (Yeshiva MSW) started 9/4
- Staff totals at end of quarter: 7 clinicians, 3 prescribers, 2 interns; 3 externs
- Hiring needs: 5 FT Derby Clinicians, 7 FT Hamburg Clinicians
- 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.

- **Upcoming Project: School Satellite QIC**

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.

- Monroe-Molina 2023 payment – \$1039.23
- Highmark= \$1630.18
- Amerigroup was \$3,250.44.

Data discussion: numbers are less because participants are less.

Next meeting Jan 22