



COMMUNITY SUPPORT SERVICES

Behavioral Healthcare
& Wellness

ANNUAL REPORT FY 2024

Community Support Services, Inc.

July 1, 2023 to June 30, 2024

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TO OUR STAKEHOLDERS



**COMMUNITY
SUPPORT
SERVICES**
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For 36 years, Community Support Services, Inc. has been a leader in offering comprehensive behavioral healthcare for the residents of our community. In 2009, the agency opened an on-site primary care clinic to address the noted health disparities for persons with severe and persistent mental illnesses. Through this integrated care model, Community Support Services treats the whole person.

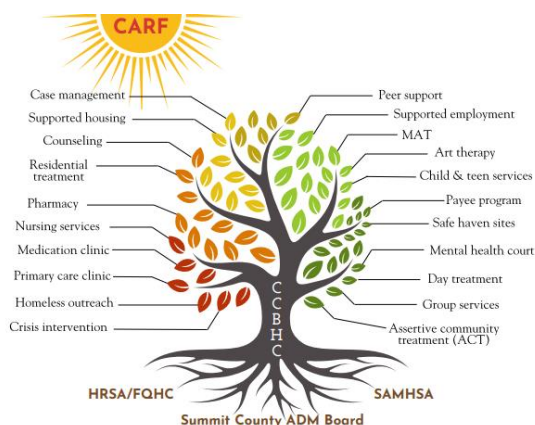
During FY24, Community Support Services continued its efforts to support more than 5,000 clients to live and work in the community. The agency continues to see a noted increase in requests for services. Community Support Services remains committed to providing high quality recovery-oriented services while remaining focused on the health, safety, and well-being of our clients and staff.

Annually, this report is presented to stakeholders of Community Support Services to highlight the agency's continuous performance monitoring and quality improvement. It offers a snapshot of the services and programs offered while providing an analysis of Quality Improvement initiatives and reported measures for FY24.

In FY24, the agency continued several initiatives to improve the quality of care, collaborate with other community agencies, increase client engagement and retention across the agency, acknowledge the impact health disparities have on individuals we serve, practice trauma-informed care, and strengthen the agency's financial position and includes the following:

- Provided all agency services in accordance with the Certified Community Behavioral Health Clinic (CCBHC) model.
- Maintained and established new relationships with Designated Collaborating Organizations (DCO) to assist the agency in meeting the needs of individuals under the CCBHC Model.
- Continued agency-wide efforts to be a trauma informed organization.
- Engaged with Case Western Reserve University, the Summit County ADM Board, and other local providers in an initiative to strengthen services for individuals with co-occurring disorders.
- Reported and met Value Based Purchasing (VBP) measures through the Summit County ADM Board.
- Provided Recovery Enhancement Practices (REP) training to all new case managers.

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTER (CCBHC)



As a Certified Community Behavioral Health Clinic (CCBHC), Community Support Services continues to lead the way in offering innovative recovery oriented services. The

To support the implementation of CCBHC within the agency, it has been necessary to consider strategies to effect change within the organization. There has been a specific focus on helping staff recognize how the social determinants of health affect health outcomes.

-CCBHC Mid-Year Programmatic Report

CCBHC model is “designed to ensure access to coordinated comprehensive behavioral health care” (SAMHSA, 2023). As a CCBHC, the agency provides care to the whole-person and deep dives into the social drivers of mental illnesses and substance use disorders. As a CCBHC, the agency is required to serve all persons across the lifespan.

In September 2023, Community Support Services opened its doors to serve child and adolescents. Additionally, the agency worked to strength its focus in providing co-occurring disorder services for adults with severe mental health and substance use disorders

As a CCBHC, the agency is required to serve anyone who requests services for mental health or substance use, regardless of ability to pay, place of residence, or age- including developmentally appropriate care for children and youth.

As a CCBHC certified provider CSS is providing the following services:

1. Crisis Services
2. Screening, Diagnosis & Risk Assessment
3. Person & Family Centered Treatment Planning
4. Outpatient Mental Health & Substance Use Services
5. Outpatient Primary Care Screening & Monitoring
6. Targeted Case management
7. Psychiatric Rehabilitation
8. Community Based Mental Health Care for Veterans
9. Peer, Family Support & Counselor Services

To be recognized as a CCBHC, the agency is required to submit an attestation to SAMSHA demonstrating how it meets the CCBHC Certification Criteria. In January 2024, Community Support Services was notified by SAMSHA that its attestation to the CCBHC standards had been accepted. While the Quality Improvement Plan (QIP) currently integrates many required elements outlined in the CCBHC Certification Criteria, the following measures have been added to the QIP:

1. Deaths by suicide or suicide attempts
2. Fatal and non-fatal overdoses
3. All-cause mortality

Project specific goals (see Table 1) monitored as part of the agency’s Quality Improvement plan. This information is reported to the quarterly Quality Improvement Committee. Beginning FY 25, a summary of the report will be provided to the agency’s Recovery Advisory Council and the Board of Directors.

Table 1 CCBHC Goals (FY 2024)

Goal	Project Goal Description
1	Adults living with severe and persistent mental illnesses will have an increased life expectancy through integrated and coordinated physical, mental health, and substance use care.
2	Adults with co-occurring disorders will report a decrease in substance use through participation in integrated treatment.
3	Youth clients at Child Guidance and Family Solutions (CG&FS) presenting a higher level of care will be connected with adult services prior to their 18 th birthday.
4	CSS will increase its capacity to serve children and adolescents (Goal updated/approved by SAMHSA 2/2/2024)
5	Increase retention rate in treatment services for specific populations based on metrics.
6	CG&FS will assist CSS with developing Trauma Informed Care protocol throughout the agency.
7	Persons being released from prison will be engaged in services for at least one year following release from the correctional institution (Goal updated/approved by SAMHSA 2/2/2024)
8	70% of persons who obtain housing through engagement with the agency’s Homeless Outreach program will maintain housing for at least one year.
9	Persons in crisis will be linked to ongoing supports.

PROGRAMS AND SERVICES

INTAKE SERVICES

The agency receives referrals from family/friends, hospitals, courts, insurance providers, and other community entities as well as self-referrals. As a CCBHC, the agency has streamlined its access to services for individuals connected with DCOs. An Intake Specialist meets with the individual to conduct a clinical evaluation. Through this process, the Intake Specialist helps determine the services available through the agency to assist the individual in addressing specific goals. The Intake Specialist may refer the individual to agency services, including residential treatment, counseling, and employment. As appropriate, the Intake Specialist may also link the individual with services outside the agency.

If case management services are determined to be appropriate, a Client Access Specialist (CAS) is assigned. The CAS develops a treatment plan, including the client's strengths, needs, abilities, and preferences. The initial treatment plan is focused on the first 90 days of service. After this period, the client is transitioned to a regional team for ongoing case management. There are also Access Recovery Specialists, offering their lived experience with mental illnesses and/or substance use disorders, available to support individuals newly referred for services.

THE ASSISTED OUTPATIENT TREATMENT PROGRAM

In collaboration with the Summit County Probate Court and the Alcohol, Drug and Mental Health (ADM)Board, the agency provides the clinical support of persons engaged in the Assisted Outpatient Treatment (AOT) program. This program offers compassionate case management to assist individuals living with severe and persistent mental illnesses to more effectively engage in treatment. There is an emphasis on encouraging participants to take an active role in their recovery to avoid repeat hospitalizations.

CRISIS INTERVENTION (CIT) SERVICES

This program service provides immediate intervention for individuals who may be experiencing acute mental health symptoms. CIT staff collaborates with local police departments and the Summit County Sheriff Department to provide the necessary intervention to promote safety and to engage persons in

mental health services. Crisis Intervention services are available during regular business hours, as well as on evenings, weekends and holidays, as deemed clinically necessary by the Administrator on call.

PEER SUPPORT SERVICES

Peer Support Services offer an opportunity for mental health consumers to receive assistance from someone with lived experience. Peer/Recovery Specialists, model recovery, teach from personal experience and offer support to clients to assist them in achieving success in their own recovery. The agency's Recovery Specialists are certified by the Ohio Department of Mental Health and Addiction Services. Peer-based services are available across the agency and are represented in most clinical settings. During FY 2024, the agency employed sixteen (16) Certified Peer Support/Recovery Specialists who provided over 4,600 hours of service.

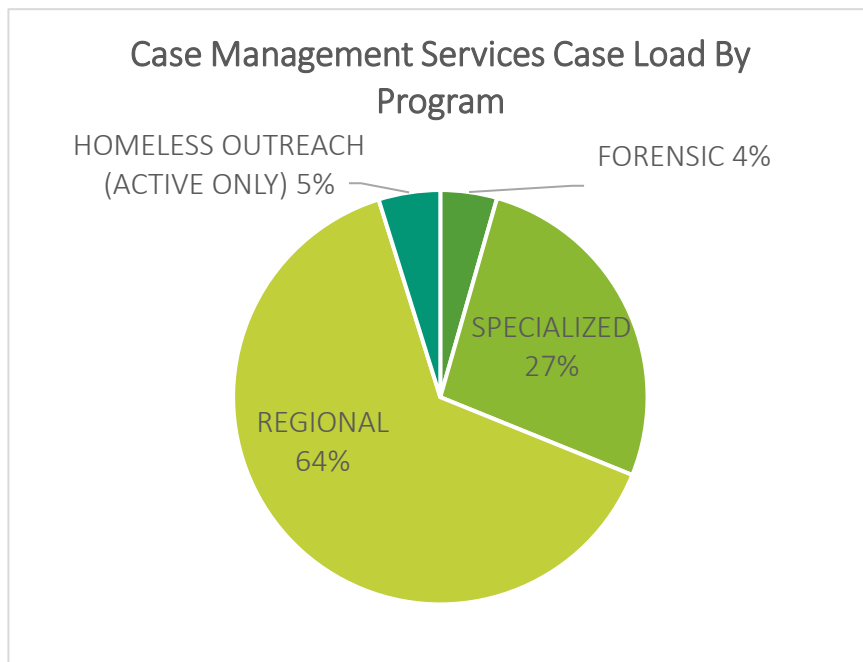
REPRESENTATIVE PAYEE SERVICES

Assists individuals who are financially negatively impacted by symptoms of their mental illness to manage their social security funds. Clients who are at risk of losing housing, not paying utilities, or meeting other basic needs can elect to have Community Support Services designated as their representative payee for Social Security benefits to maintain independent living.

REGIONAL CASE MANAGEMENT SERVICES

Case Management offers person-centered services guided by an Individualized Service Plan with an emphasis on enhancing daily living skills, assisting with resource acquisition, and addressing symptoms of mental illnesses. Community Rehabilitation Specialists (CRS) advocate and support clients in recovery by coordinating care to achieve the most effective outcomes. Most agency case management services are provided through a Regional Treatment Team, based on the

Figure 1- Active Caseload Distribution (July 2024)



clients' home address (see Figure 1). There are specialized case management teams dedicated to specific populations.

Each regional team has an Engagement Specialist identified to provide **Engagement Services** and outreach case management using various resources to locate and engage clients who have not consistently participated in treatment. Once re-engaged, clients learn to minimize treatment barriers and are transitioned back to traditional case management and psychiatry services.

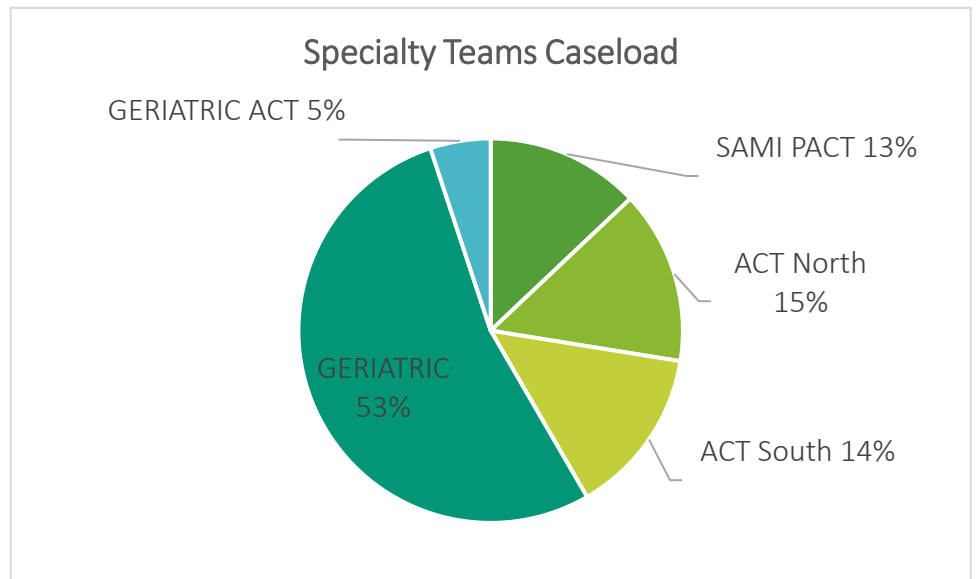
SPECIALIZED CASE MANAGEMENT SERVICES

The Substance Abuse and Mental Illness Program of ACT (SAMI-PACT) and Assertive Community Treatment Teams (ACT

North, ACT South and Geriatric ACT) program

provides wrap-around services for persons with significant mental health and substance dependence disorders while implementing the ACT principles which align with the Dartmouth Assertive Community Treatment Scale

Figure 2- Specialized Caseload (July 2024)



(DACTS). This evidence-based practice employs motivational interviewing techniques and a stage of change model to provide community-based services to address the unique needs of persons with severe mental illnesses and a continuum of substance use disorders. In FY 24 the Geriatric ACT team was established to serve ACT eligible older adults (65 and older).

The Geriatric and Long-Term Care team strives to ensure the highest quality of life for older adults.

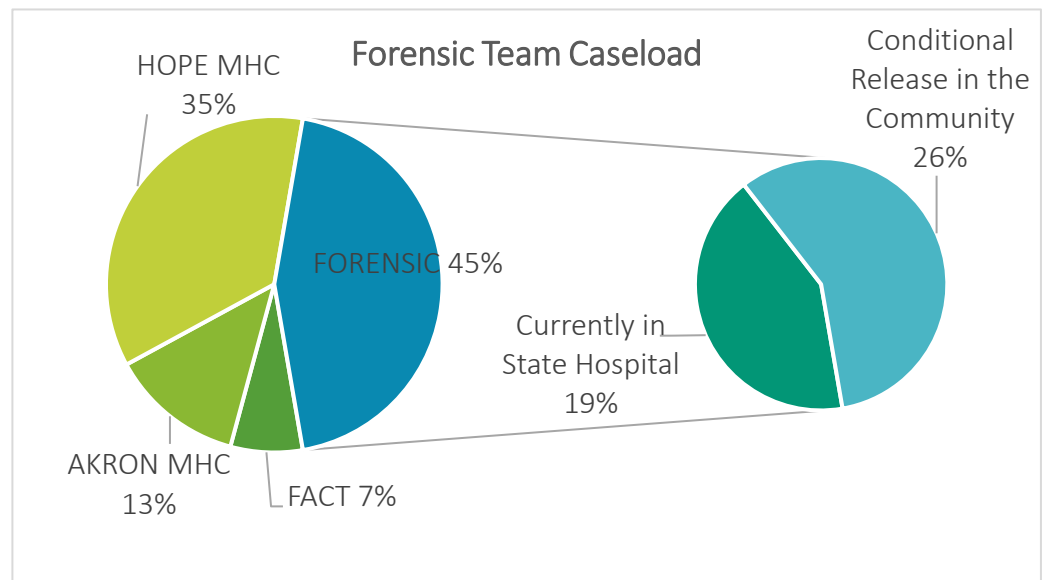
This specialized team includes Community Rehabilitation Specialists, Geriatric Psychiatrists, Advanced Practice Nurse and Long-Term Care Services. Comprehensive treatment and mental health evaluations are provided for persons living in the community and/or residing in extended care facilities. The team utilizes a treatment approach based on the strengths and needs of the individual, while encouraging family involvement.

FORENSIC PROGRAM SERVICES

Forensic Assertive Community Treatment (FACT) is an intensive team designed to support individuals who have severe and persistent mental illnesses with psychosis, extensive criminal history, and a current misdemeanor charge. Persons eligible for FACT services are court ordered to participate in the program. Persons with sexual offenses and/or persons designated as a registered sex offender are not eligible for the program.

Figure 3- Forensic Caseload (July 2024)

Persons referred to FACT must be assessed by the FACT team to determine eligibility prior to the court ordering the person to FACT (see Figure 3).



Forensic team is a specialized intensive

team serving clients found Not Guilty by Reason of Insanity or Incompetent to Stand Trial (see Figure 3). Services are provided while the person is inpatient in the state hospital and when granted Conditional Release to the community.

The **Mental Health Court (MHC)** team provides services to individuals facing qualifying misdemeanor charges in Akron, Stow and Barberton Courts. Participants in the Municipal Mental Health Court program have been charged with a misdemeanor offense and voluntarily agree to participate in the program.

Hope Mental Health Court is a specialty docket program of the Summit County Court of Common Pleas. The HOPE Mental Health Court team provides a full range of agency services to individuals with certain felony charges who also have qualifying mental health diagnoses and are determined appropriate for program services.

EMPLOYMENT & VOCATIONAL SERVICES

Vocational and Supported Employment services help to identify career interests as well as barriers to employment. The program(s) focuses on helping individuals secure and retain employment.

In January 2021, employment services began a partnership with Ohioans with Disabilities (OOD) to provide the following services to individuals determined eligible for OOD funding

- Work Incentive Planning and Coordination
- Job Development and Placement Services
- Job Coaching

One staff has received designation as a Work Incentive Practitioner.

Referrals for program services are received from Community Support Services, Child Guidance & Family Solutions, CHC Addiction Services, and Portage Path Behavioral Health.

Supported Employment (SE), an evidence-based practice, emphasizes consumer preferences, rapid job search and placement, integration with mental health services, benefits advocacy, and time-unlimited supports to help persons with mental illness find competitive jobs in the community. Consistently, research has demonstrated Supported

Supported Employment FY 2024

Number of new job starts	104
Average Hourly Wage	\$12.83
Average number of hours per week	25

Employment programs are effective in helping individuals with severe and persistent mental illnesses secure and retain employment.

Supported Employment offers guidance through all phases of the process of obtaining employment; discussion of work-readiness, benefits planning, assessment of interests, job search support, resume writing, application assistance, interviewing, and job coaching follow-along support at the job site.

INTEGRATED CARE

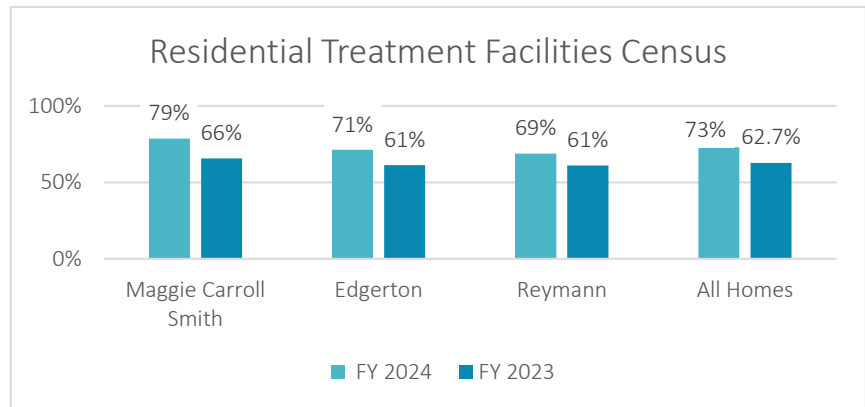
The Medication Clinic coordinates access to patient assistance programs as well as administering long-acting injectable (LAI) medications. LAI's are an integral part of treatment for many clients served by Community Support Services.

The Margaret Clark Morgan Integrated Care Clinic offers clients physical and mental health care, including preventive medicine and management of chronic conditions such as diabetes and hypertension. Primary care and psychiatry clinics, an on-site laboratory and a Klein’s Pharmacy retail outlet comprise the clinics. The staff includes board-certified physicians, advanced care nurse practitioners with national certifications in family medicine or psychiatry. The clinic also offers on-site podiatry, in order to facilitate convenient, connected care.

RESIDENTIAL SERVICES

Residential Services includes **Residential Treatment and Supportive Housing** facilities (see Figure 4 for FY 2024 Census).

Figure 4- Residential Treatment Census (July 2024)



The agency operates three residential treatment (Type 1) sites, licensed by the Ohio Department of Mental Health and Addiction Services.

New in FY 24, Thrive House, a

14-bed, all-male facility provides transitional housing for homeless individuals newly released from the Summit County Jail who participates in the jail’s THRIVE program. The program connects case management services to those who are diagnosed with mental health and substance use disorders.

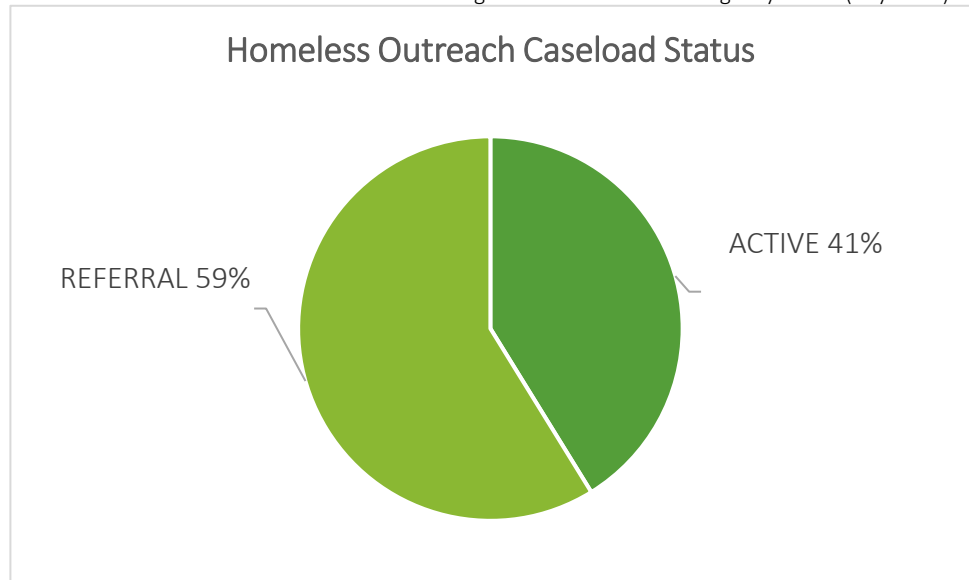
Under the Housing First model, the agency has several programs, including the Safe Haven facilities. The agency offers two Safe Haven facilities which are intended to be long-term placements. These facilities are intended for the chronically homeless with severe and persistent mental illnesses, while providing housing stability and allowing the tenants to address other basic needs. In 2015, the Veteran’s Safe Haven opened with an emphasis on providing stable housing for Veterans that are deemed eligible for VA medical care. Eligible Veterans may stay for up to 6 months (with possible extensions) while working on permanent housing and addressing other needs which may have led to homelessness.

Community Support Services is also proud to be part of two Supportive Living projects in the community. Between The Commons at Madeline Park and Stoney Pointe Commons, there are more than 200 units of supportive housing available with on-site psychiatry and case management services.

HOMELESS OUTREACH

Homeless Outreach identifies and engages unhoused individuals who may benefit from mental health treatment. The Homeless Outreach Team works with clients in referral status until they are determined eligible for active agency services and ready to transition to traditional case management teams or are linked to other treatment providers (see Figure 5).

Figure 5- Homeless Client agency status (July 2024)



Supportive Services for Veteran Families

(SSVF) is a grant funded program by the U.S. Department of Veteran Affairs. Outreach efforts, case management services and assistance in obtaining benefits are provided by the Homeless Outreach team to Veteran families that without assistance would likely be unhoused.

"Thanks for all the help. I am no longer homeless and in distress."
December 2023 -SSVF Client

Returning Home Ohio (RHO)

is a permanent supportive housing program created in collaboration with the Ohio Department of Rehabilitation and Correction (ODRC) and Corporation for Supportive Housing (CSH) to provide

opportunities for successful community reintegration thereby reducing recidivism and homelessness. Persons with justice system involvement qualify for the program when they are released from ODRC state institutions and are identified as unhoused or at risk of being unhoused upon release and fall into one of two categories: 1) Severe and persistent mental illness (SPMI) with or without a co-occurring disorder; 2) HIV with or without a SPMI. Targeted referrals are those most likely to require supportive services to maintain housing and stability. Referrals are also accepted from community providers.

Blue Heron Housing (BLH) is a permanent supportive housing program that targets individuals experiencing chronic homelessness; a severe and persistent mental illness (SPMI) and substance abuse issues identified as being most likely to require supportive services to maintain housing and stability. Referrals are received from the COC Central Intake process.

INTENSIVE TREATMENT SERVICES (ITS)

Intensive Treatment Services offers an array of recovery-based therapies including; **group sessions** that provide psycho-education and promote the development of social skills, functional abilities, coping mechanisms and other tools that enhance independence, **Cognitive Enhancement Therapy (CET)** which focuses on the rehabilitation of social, cognitive and neuro-cognitive deficits for individuals with schizophrenia and other thoughts disorders and **Mental Health Day Treatment** which serves as an alternative to inpatient hospitalization and provides education regarding mental illnesses as well as assists individuals in processing current stressors.

Art Therapy uses the art media, the creative process, and the resulting artwork to explore feelings, reconcile emotional conflicts, foster

self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. Art therapy may be offered in group and individual formats. The overall aim of art therapists is to enable a client to effect change and growth on a personal level using art materials in a safe and facilitating environment through individual and/or group sessions.

Art Therapy Services FY 2024

Number of Individuals Served	44
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Individual and Group Counseling offers clients an opportunity to identify goals and potential solutions to challenges. Through counseling services, there is an effort to strengthen coping skills while promoting behavior change and optimal mental health.

Substance Use Disorder (SUD) offers varying levels of treatment, including individual counseling, outpatient groups, and intensive outpatient groups. Substance use disorders that co-occur with severe mental illness are often complex. The ITS department utilizes approaches such as Motivational Interviewing and harm reduction to meet clients where they are while they explore and enact changes to their substance use. Medication Assisted treatment (MAT) may be coordinated with agency psychiatric providers, if appropriate. Referrals for agency clients involved in the legal system or with Children Services are welcome.

CLIENT RIGHTS AND ADVOCACY

One hundred and sixty-one (161) complaints were filed in FY 2024 (see Table 2), 34% increase from Complaints received in FY 2023. The increase in complaints was most notable among case management, residential, finance/payee services and the agency as a whole.

Table 2- Client Grievances by Subject (FY 2024)

Subject/Department	FY2024	FY2023	FY2022	FY2021
Another Client	4	2	0	0
Case Management	73	60	83	73
Payee/Finance	25	15	29	31
Health Center (Psych)	15	14	18	24
Health Center (PCC)	5	5	6	1
Front Desk Support	2	0	0	0
Residential Treatment	14	9	17	4
Residential Other	5	0	8	3
Employment	0	1	1	0
Whole agency	18	9	10	14
Outside Agency	0	0	12	8
Homeless Outreach	0	2	0	1
ITS/Counseling	0	3	2	3
Billing	0	0	0	0
Other	0	0	0	1
TOTAL	161	120	186	165

The increase in residential during FY 24 is a result of repeated inquiries from a handful of individuals. In those instances, the nature of the program service was clarified to the client(s) and the rules and participation requirements were further explained. In response to case management, payee/finance and (whole) agency related matters that are not addressable through client rights, there was a continued effort to immediately connect the complainant to the service provider(s) and/or program

supervisor(s). Connecting the parties allow us to quickly identify miscommunications and misunderstandings; in an effort to provide a timely resolution that satisfies the complainant. In addition, during FY 24, the agency provided “Effective Communication Skills for Case Management”, an in-service training to help identify expectations and provide communication strategies for direct service providers in case management and payee services.

During FY24, acknowledgment letters were sent within 2.9 business days of the complainants' initial inquiry with the client rights advocate. Proposed resolutions were discussed with clients and communicated in writing. On average, a resolution letter was sent to the complainant within 6 calendar days from the receipt of the grievance.

89% of all complaints received during FY 2024 were submitted by agency clients. Family/Guardians comprised 8%, and 3% were from outside the agency.

Typically, complaints (15) categorized under the Health Center Psychiatric category were requests for a change in psychiatric provider. Although some concerns were noted to be inquiries of a clinical nature. These types of concerns were relayed to psychiatric providers and clients were encouraged to discuss concerns directly with their providers and nurses. First time requests for a change in provider were routinely honored. All requests for a new provider were shared with the agency's Medical Director and/or the Director of Health Center Integration.

In general, issues related to Health Center- Primary Care Clinic (5) involved requests for medication refills and/or required clinician assistance. All were promptly addressed as appropriate by the program director and/or clinical staff.

In FY24, a continued effort was made to refer any inquiries that were not client rights related to the appropriate department staff and/or supervisor to address the issue directly with the client. For example, payee-related inquiries were promptly referred to the Benefits Specialist and questions related to case management services were forwarded to the assigned case manager and/or clinical supervisor for further action.

27% of all complaints were resolved/addressed by providing an explanation to the complainant with no further follow-up warranted. 15% of the complaints had some type of treatment revision(s) as a final resolution, 47% of inquiries resulted in a referral to an outside source (i.e., Fair Housing, Legal Aid) or internally to the treatment team to address further. In some circumstances, resolutions were coupled with a recommendation for policy revision or update. The remaining 10% of complaints were withdrawn and no further action was necessary.

HEALTH CENTER SERVICES

Federally Qualified Health Center (FQHC-LA)

<p>As a FQHC Look Alike, Community Support Services continues to be evaluated on several measures (see Table 3.) emphasizing health outcomes and the value of care delivered.</p> <p>Patient Satisfaction</p> <p>In 2024, more than 76% of Health Center patient satisfaction survey respondents reported they had received Health Center services for more than 1 year. 77% of all respondents reported their “health has improved since coming to the Community Support Services Health Center.” Other areas of high patient satisfaction included confidentiality and privacy practices, prompt return of phone calls, location and accessibility, clinic hours, staff interaction, facility cleanliness, accessibility and ability to get a prompt appointment.</p>	<p style="text-align: center;"><i>“Friendly staff, they take their job serious and treat me with respect.”</i></p> <p style="text-align: center;"><i>September 2023 - Health Center Patient</i></p> <p>Performance Measures</p> <p>Performance measures align with national standards commonly used by Medicare, Medicaid, health insurance, and managed care organizations. Annually, the agency is required to submit the Uniform Data System (UDS) report. The UDS is a comprehensive standardized reporting system providing consistent data about health centers and look-alikes.</p>
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Table 3 Annual Performance Measures (CY 2023-2021)	Goal	2023	2022	2021
QUALITY OF CARE MEASURE				
Preventive Health Screening & Services: Cervical Cancer Screening	56%	22.90%	19.24%	16.14%
Breast Cancer Screening	45%	11.82%	27.89%	22.57%
Body Mass Index (BMI) Screening and Follow-up	56%	75.20%	79.60%	72.98%
Tobacco Use Screening & Cessation Intervention	81%	89.91%	86.72%	84.79%
Statin Therapy	78%	61.11%	77.98%	77.54%
Colorectal Cancer Screening	34%	7.47%	5.91%	7.84%
Screening for Clinical Depression & Follow-up Plan	50%	7.04%	11.70%	7.22%

QUALITY IMPROVEMENT & COMPLIANCE ANNUAL REPORT FY 2024

QUALITY OF CARE MEASURE	Goal	2023	2022	2021
Chronic Disease Management:				
Coronary Artery Disease (CAD): Lipid Therapy	78%	61.11%	77.98%	77.54%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	76%	59.70%	75.00%	86.67%
High Blood Pressure (Hypertensive Patients with Blood Pressure <140/90)	63%	62.78%	63.18%	61.05%
Diabetes: Hemoglobin A1c Poor Control (Diabetic Patients with HbA1c>9% or No Test During Year)	15%	15.38%	16.67%	21.30%
*HIV Screening	25%	18.14%	19.44%	17.75%
HIV Linkage to Care	100%	100%	100%	100%

QUALITY IMPROVEMENT & COMPLIANCE PROGRAM

About

Quality Improvement & Compliance (QIC) program has been established by the Board of Directors of Community Support Services. The policies of the Board authorize the Chief Executive Officer to establish a Quality Improvement & Compliance Program and an agency-wide Quality Improvement & Compliance Committee. In FY 24, there were sixty (60) unique committee members contributing to the work and activities of seven (7) separate sub-committees. Across all committees, members dedicated more than 200 hours to committee work.

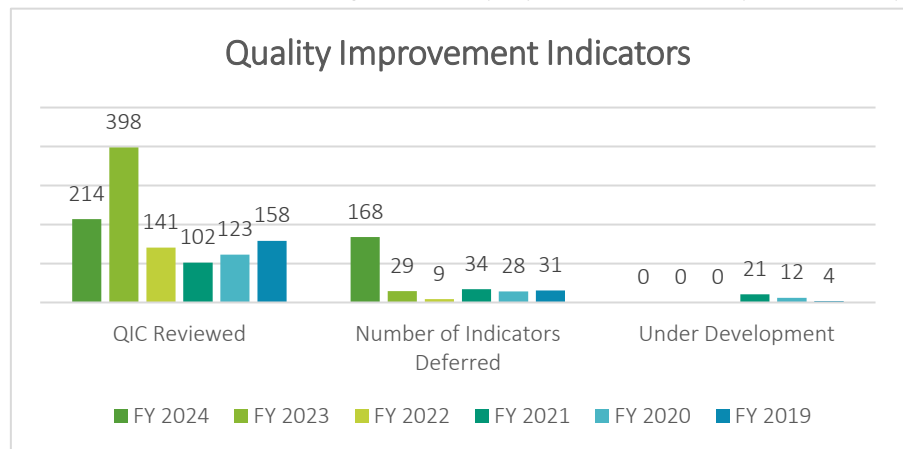
Purpose

The purpose of the QIC is to continually monitor and evaluate the quality and appropriateness of clinical, administrative, and support services provided by Community Support Services, Inc. These efforts ensure that effective, efficient, and high-quality care is delivered to individuals served by the agency.

To determine and evaluate

important aspects of clinical care, Two-hundred fourteen (214) outcome indicators were reviewed by the QIC in FY 2024 (see Figure 6). The number of planned indicators reduced significantly in the second quarter of FY 24 due to changes in external reporting requirements by the agency funding sources. Analysis of reported indicators affords the Quality Improvement & Compliance committee the opportunity to assess risk, identify potential problems, and review areas requiring or showing improvement. To stay on target, the QIC Committee monitors, assesses, and measures performance against a series of indicators and goals.

Figure 6. Quality Improvement Indicators (FY 2024 – 2019)



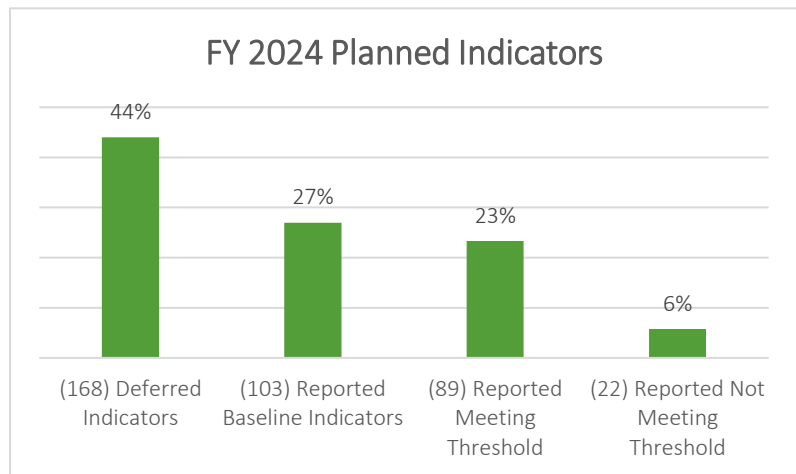
The Quality Improvement planned indicators are based on service delivery performance and are categorized by four key CARF Standards: Effectiveness, Efficiency, Accessibility and Satisfaction.

One hundred Sixty-Eight (168) planned indicators were deferred. Of those, one hundred sixty-six (166) program outcome indicators were permanently discontinued (by the funder) beginning in quarter two. The remaining two deferred indicators were placed under further review for redevelopment and/or removal from the FY 2024 Quality Improvement Plan.

Twenty-seven percent (27%) of all reported measures (see figure 7) in FY 2024 provided baseline data, while twenty-three percent (23%) had quantifiable targets, and were reported to have met and/or exceeded expectations. 6% of reported indicators did not meet the desired threshold and were subjected to further review by the Quality Improvement & Compliance committee and a plan of action was developed to improve outcomes and performance.

Figure 7 Reported QI Indicators (FY 2024)

During the year, case file reviews were completed as scheduled. The Quarterly Compliance review was completed to provide a comprehensive quarterly review of program services and coordination of care based on regional and specialty team assignment. Several utilization and target reviews were also conducted to provide further baseline reporting. These baseline reports help in the development of meaningful indicators for Quality Improvement monitoring in FY 2025. Feedback from these reviews are shared in aggregate form to assist with quality improvement efforts while client and staff specific information is shared with the appropriate management staff for follow-up.



Throughout FY 2024, Quality Improvement’s focus on reporting agency-wide population outcomes continued. Below are quarterly averages for agency-wide outcomes that were reported during FY 2024 (see Table 4.). These measures were part VBP indicators and were reported during FY 2024 to the Summit County Alcohol, Drug Addiction & Mental Health Services Board (ADM).

Also, part of the VBP indicators, CSS continued to engage newly hired case management providers in the Recovery Enhancement Practices (REP) for Psychosis informed by CBT-p. This innovative training process, with oversight from the BeST Center and financial support from the Summit County ADM Board, assists Community Rehabilitation Specialists to develop engagement skills. There is an emphasis on learning about the signs and symptoms of schizophrenia and related disorders as well as the function of normalization in the treatment process. In FY 2024, six staff were recognized as new graduates of the 8-month intensive training.

Table 4 Reported VBP Indicators (FY 2024)

<i>VBP Indicator</i>	<i>Threshold</i>	<i>FY 2024</i>
<i>Average Number of Days from Request for agency intake to agency intake completed</i>	12 Days	3.12 Days
<i>Average number of days from Agency Intake to first appointment</i>	15 days	5.50 Days
<i>Successfully kept first appointment following agency intake</i>	=>67%	72%
<i>Average number of days from psychiatric hospital discharge to medication management appt</i>	7 Days	5.12 Days
<i>Agency caseload seen by a treatment team provider in the last 90 days</i>	90%	92.0%

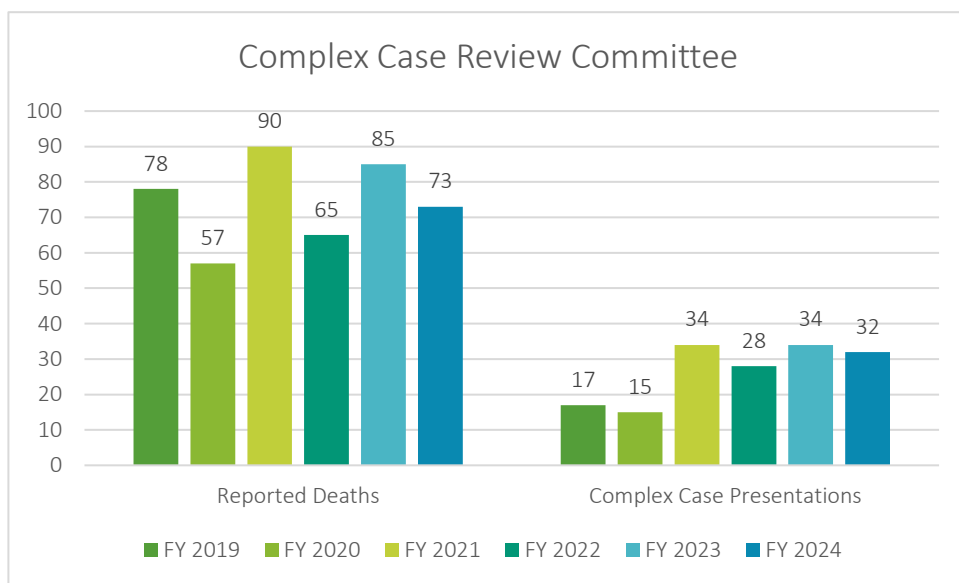
QUALITY IMPROVEMENT & COMPLIANCE PROGRAM SUB-COMMITTEES-

Complex Case Review (CCR)

As part of the agency’s commitment to providing the highest quality of care while also supporting the needs of staff, Complex Case Review (CCR) meets regularly to provide guidance regarding clients who are presenting with complex needs as well as, at times, threatening or concerning behavior. CCR also is responsible for reviewing trends related to client deaths. In FY24, the agency began to look at all-cause mortality. In the initial review, it was noted that the average age of death of agency clients was 57 years of age with nearly half of the clients having diagnoses of hypertension, diabetes, and/or high cholesterol at the time of death. For clients who die by suicide or an unintentional overdose, there is a review of the client’s treatment to determine opportunities for improvement.

Figure 8. Client Deaths and Challenging Cases Presented (FY 2023)

In FY24, thirty two (32) clients were presented to the Complex Case Review. Seventy three (73) deaths were reported this year (See Figure 8). Of the seventy three (73) deaths; twenty three (23) were from natural



causes, thirty six (36) were unknown causes, seven (7) were confirmed/suspected drug overdoses, two (2) were suicides and one (1) was ruled a homicide.

The complex cases reviewed during FY 2024 continue to present with various issues related to trauma, substance use, threatening behavior, and significant mental health symptoms. All committee case recommendations were completed.

Staff Training & Education (ST&E)

In FY24, the Staff Training and Education (ST&E) committee provided thirty-three (33) internal education opportunities and offered 24 continuing education units.

Trainings included:

- A Spectrum of Color and Culture (in collaboration with Asian Services in Action)
- United Ways Bridges out of Poverty
- Trauma Informed Care (10 sessions)
- Engagement & Culturally Responsiveness (8 sessions)
- Older Adults Training Series (3 sessions)
- Recovery Enhancement Practices for Supervisors
- Loss & Bereavement
- Fair Housing
- Communication Strategies for Effective Case Management
- Motivation & Engagement (2 sessions)
- Schizophrenia Training Series (3 sessions)
- Substance Use Disorder (4 sessions)

There were also numerous trainings offered through the Summit County ADM Board. Staff were encouraged to participate in motivational interviewing, co-occurring disorder assessment and treatment, and trauma informed trainings.

The agency's rigorous training plan relies in part on Relias, an online training provider. Relias offers licensed staff an opportunity to complete continuing education credits. Additionally, the courses available through Relias help to support the training needs of agency staff. For FY 2024, 4,154 hours of web-based training was completed.

Agency staff continue to participate in virtual training. There has also been a return to in-person training. To monitor staff's attendance at off-site and external provider trainings, a process to track external training activity was continued throughout FY 24. Information obtained from this tracking process permits the agency to better understand the interests of all staff in regard to training and career development.

In late FY 2023, an effort to provide Trauma Informed Care Basic training for all staff was initiated. These initial trainings were made possible through a (DCO) partnership with Child Guidance & Family Solutions and were concluded early in FY 2024. Ninety percent (90%) of all staff completed the in-person training. Efforts to offer additional Trauma Informed Care training will be continued in FY 2025.

Health & Safety (H&S)

The Safety Director and the Director of Quality & Compliance reviewed three hundred and thirty-one (331) Non-Death Related Major Unusual Incident (MUI) reports during FY 2024. Each incident is categorized as appropriate (see Table 5).

Through this review process, the agency ensures client needs and staff concerns are being effectively and efficiently addressed. When there are clinical concerns, the Director of Quality & Compliance follows up with the respective treatment team members. There are times when a recommendation is made to hold a clinical staffing to address a specific concern.

Table 5. Number of Reported Major Unusual Incidents (FY 2021 to FY 2024)

Non-Death Related MUI	FY 2024	FY 2023	FY 2022	FY 2021
Alarm	2	3	6	2
Alleged Abuse/Neglect	14	17	12	11
Alleged Criminal Activity	5	6	5	10
Alleged Sexual Assault	4	6	4	2
Auto Accident (Staff)	11	9	1	8
AWOL from Residential Treatment	2	8	8	3
Building Emergency	1	0	0	1
Fall	25	18	24	14
Illness	37	46	34	37
Infection Control	1	2	20	74
Injury	3	8	9	7
Medication Diversion	0	0	0	0
Medication Error	10	3	9	7
Medication Issue	0	6	2	4
Medication Missing/Unaccounted Medication	5	0	3	2
Mental Health Emergency	10	13	6	7
Non-Participation in Safety Drill	0	0	0	1
Other	59	25	39	26

QUALITY IMPROVEMENT & COMPLIANCE ANNUAL REPORT FY 2024

Overdose	3	2	6	Not Reported
Physical Aggression	27	30	20	15
Property Damage/Loss	13	14	9	14
Seizure	5	2	16	1
Selling Drugs on premises	0	0	0	1
Suicide Attempt	3	2	3	5
Suicide Threat	22	15	6	7
Suspected Substance Abuse	13	6	0	2
Verbal Aggression	47	50	44	51
Weapon	8	4	5	8

Overall, the number of reported incidents in comparison to FY 23 (296 non death related MUI) increased slightly. In response to this, efforts were made by the committee to address some areas with significant increases.

The agency has noted an increase in suicide threats. This increase ties directly to an effort in FY 24 to better track suicide threats and attempts while developing safety plans when there is a noted risk.

During FY 24, there was a 50% increase in overdoses reported. Increased efforts in FY 24 were made to ensure that all cases of overdoses, fatal and non-fatal, were reported by staff across the agency. All agency staff are required to complete Project Dawn Naloxone training annually and carry Narcan while working in the community. In FY 24, the Health and Safety committee began monitoring and tracking the completion of monthly inspections of Narcan stations that are placed throughout the main campus and at all satellite locations.

Incidents involving physical aggression decreased slightly compared to FY 23. These acts of physical aggression are not limited to the agency's main campus and appear to be reported at a higher rate at satellite locations. Several efforts have been made to improve staff safety and response time from the local authorities. All new staff are required to complete 14 hours of Pro-ACT training within 90 days of hire.

Efforts will be continued to reinforce the prompt completion of incident reports for all required situations and for other concerns that may warrant further review. This monitoring process has assisted Quality Improvement in identifying and developing action plans to address health and safety concerns across the agency.

Compliance, Outcomes & Research (COR)

The Compliance & Risk Management merged with Research and Outcomes to form the Compliance, Outcomes and Research committee - COR. The committee continued to meet quarterly throughout FY 2024 to review all VBP, Program Treatment Outcomes and target reviews related to clinical documentation and utilization for compliance to established clinical best practices and agency policies and procedures.

The Quarterly Case Note review was continued in FY 24 and monitored documentation for all CPST, TBS and PSR providers, to ensure documentation meets medical necessity standards, and is consistent with agency processes and funding standards. Staff that are identified as not meeting medical necessity are subject to review again in six (6) months.

Quarterly compliance review audits continued throughout FY 2024, reporting on compliance related indicators such as treatment planning and consent for treatment as well as Quality of Care measure, including assessment and level of care.

Additionally, the agency continues its billing services review. This review highlights any potential challenges with reimbursement from insurance providers.

Recovery Advisory Council (RAC)

The Recovery Advisory Council is a collaborative effort with clients and family members to continuously improve the satisfaction of services for all CSS clients.

In FY 2024, four (4) RAC meetings were held. Committee activity included review and feedback of post-discharge and satisfaction surveys. Member offered strategies to increase survey participation, including; the posting of a QR code and implementing an e-mail campaign to solicit electronic responses.

Meetings also included dialogue focusing on the patient’s experience at CSS, the impact the CCBHC model has had on their patient experience and overall, quality of care.

Justice, Equality, Diversity & Inclusion (JEDI)

During FY 2024 JEDI committee members reviewed CLAS (Cultural & Linguistic Standard) standards to support the development of a more comprehensive DEI & Belonging Plan for the agency. Through an effort supported by the Summit County ADM Board, there was a focus on serving the African American community as a designated priority population. Through specialized funding for the priority population, all staff were required to complete an “Engagement and Cultural Responsiveness” training. JEDI committee and Trauma Informed Care task group collaborated to enhance efforts to promote self-care. Love Akron, energized staff through a motivational speech focused on positivity JEDI continued hosting a media event which incorporates a brief 10–15-minute video followed by a facilitated discussion. Additionally, the JEDI committee maintained a monthly e-mail topic focused on various social justice topics. The JEDI committee celebrated Juneteenth by holding its annual potluck.

Recognition & Retention (R&R)

In FY24, the committee oversaw the customary employee and recognition events such as, Executive Barbeque, Food Trucks, annual EOY celebration, etc. New for 2024, the committee hosted a Wellness Day, complete with classes on meditation, mindfulness and yoga, and hosted a chair massage and an therapy dog. Additionally the committee held a summer health related activity based “bingo” contest. Satellite locations continue to receive specific outreach geared toward their inclusion.

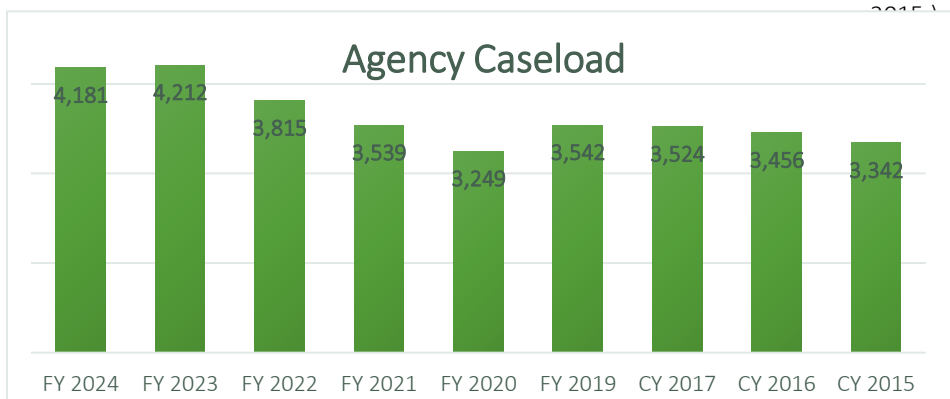
WHO WE SERVE

Agency Caseload

At the end of FY 2024, there were 4,181 clients on the agency's caseload (see Figure 9).

On average, during FY 2024, the agency had 256 new admissions per quarter (see figure 10).

Figure 9. Agency Active and Referral Status Caseload (FY 2024- Calendar Year 2015)



This average is in-line with the prior year's average.

There continues to be an increase in clients who are receiving psychiatry services and primary care services only. As of the close of FY 24, 30% of active cases were receiving doctor and/or health center services only. When there is a demonstrated need for case management, a referral can be submitted, and a Community Rehabilitation Specialist can be assigned. During FY 24, 5% of all internal referrals submitted were for Case Management services.

Figure 10. Active Case Activity During FY 2024

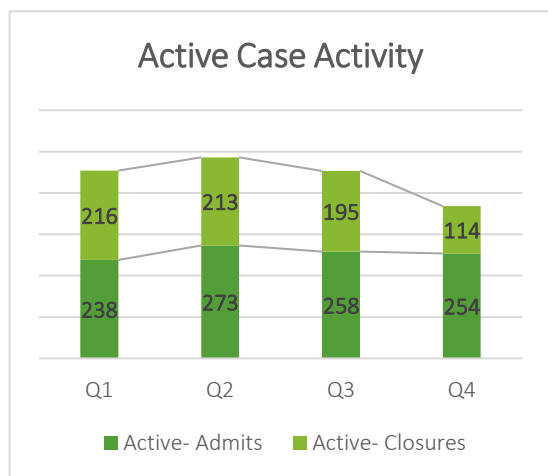
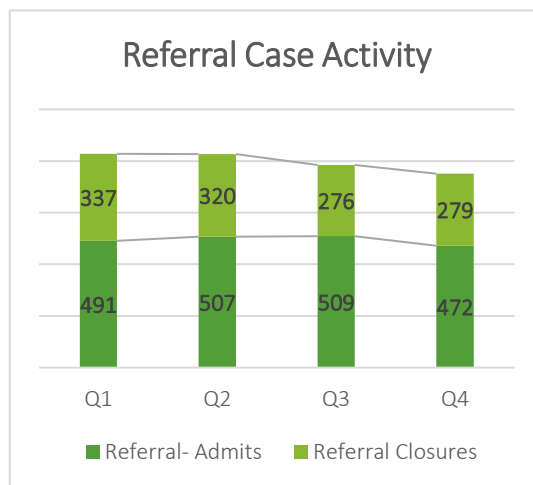


Figure 11. Referral Case Activity During FY 2024



Service Provision & Agency Staff

As of July 2024, the agency employed approximately 320 employees. 68% were direct service providers while the remaining work in administrative, supervisory and support staff roles (see Figure 12).

Figure 12. Agency Staff July 2024

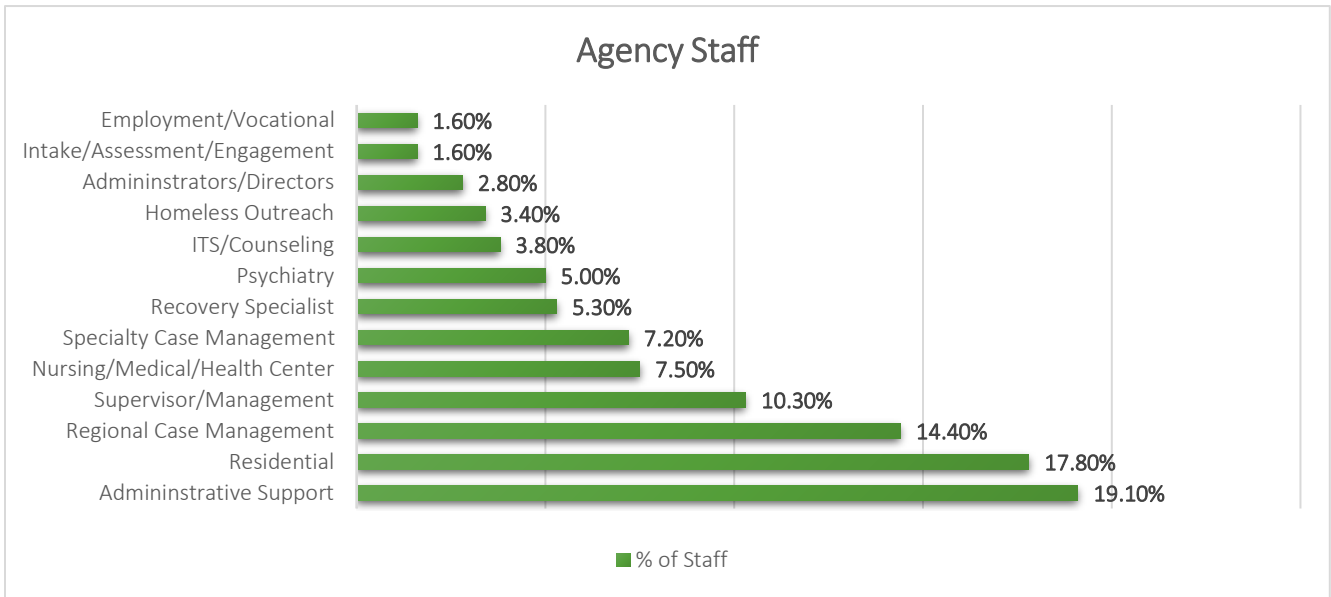
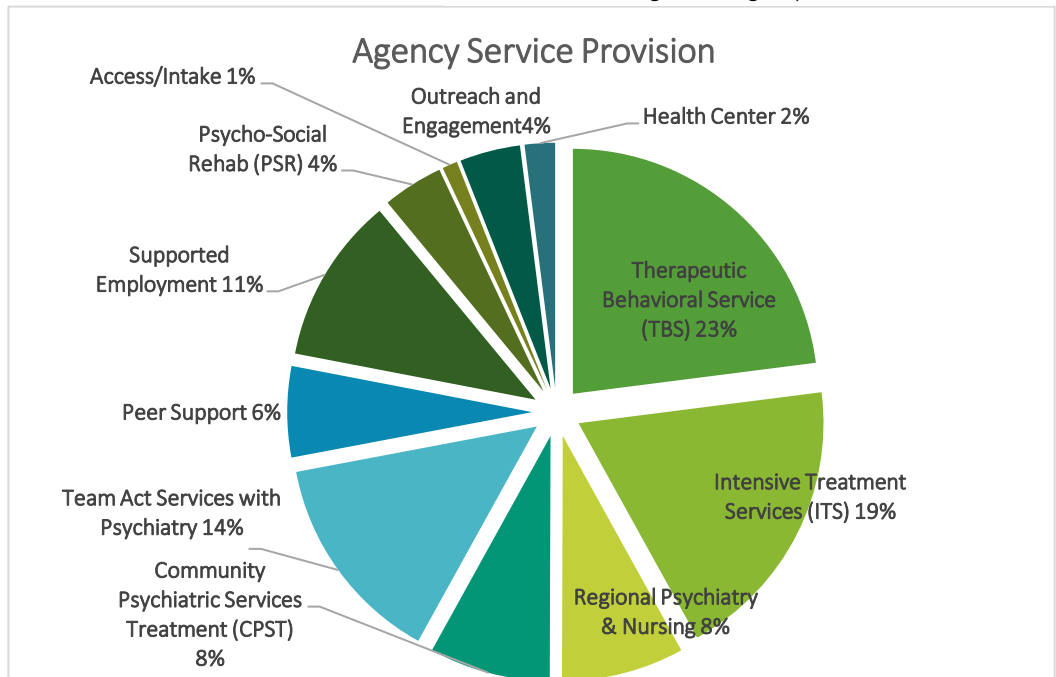


Figure 13. Agency Service Provision FY 2024

Throughout FY 24 telehealth services were on the decline. By the end of Q4, just 5% of all client direct service contacts were made through telehealth services. (FY 2023 reported 12%).



Service provision (based on the total duration of a billed service in FY 2024) across the agency (Figure 18) demonstrates the bulk of agency services provided are case management services; PSR, TBS and CPST.

Client Diagnosis

Two broad categories are used to identify mild/moderate to severe impairment from a diagnosed mental illness: Any mental illness (AMI) and Serious Mental Illness (SMI). SMI is defined by the National Institute of Mental Health (NIMH) as “a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities”. According to the 2023 NSDUH report, “An estimated 58.7 (22.8%) million Americans aged 18 and older had AMI while, SMI impacted 14.6 million (5.7%) adults aged 18 and older.

[The 2023 National Survey on Drug Use and Health \(NSDUH\)](#) by the Substance Abuse and Mental Health Services Administration (SAMHSA), reported 48.5 million adults (17.1%) had a substance use disorder (SUD) including 28.9 million who had an alcohol use disorder (AUD). Among adults aged 18 and older in 2023, of those

with AMI, 20.4 million adults also had an SUD while, 6.8 million adults with SMI, also had an SUD.

Table 6 shows the percentage of clients seen based on the diagnostic category for

Table 6. Percentage of clients seen by ICD-10-CM Diagnostic Code (as of August 2024)

MH Conditions & Substance Use Disorders	Applicable ICD-10-CM Code	% of Clients Seen
<i>Alcohol Related D/O</i>	(F10-, G62.1, O99.31)	6%
<i>Other Substance Use D/O</i>	(F11- through F19- (exclude F17-), G62.0, O99.32)	10%
<i>Depression & Other Mood</i>	(F30- through F39)	31%
<i>Anxiety & PTSD</i>	(F06.4, F40- through F42-, F43.0, F43.1-, F43.8-, F93.0)	7%
<i>Other Mental Disorders, Excluding Drug or Alcohol Dependence</i>	(F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F64-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48)	46%

Substance Use and Mental Health. While the agency remains committed to providing persons with severe and persistent mental illnesses with the necessary supports to remain in the community, Community Support Services has opened its door wider to provide psychiatry, primary care, and counseling to those with less severe mental illnesses.

Client Demographics

According to the United States Census Quick Facts online report ([U.S. Census Bureau QuickFacts: United States](https://www.census.gov/quickfacts/US)) the Summit county, Ohio population estimate as of July 1, 2023 was 535,733 of which, 51.4% are female, 76.7% are white alone, not Hispanic or Latino, 40.5% are between the ages of 18 and 65. In FY 2024, the agency caseload remained at 58% for Males who were typically over the age of 40 (see Figure 14.). Agency wide efforts continued in FY 2024 to obtain, record and maintain meaningful demographic information for clients engaged in services. In FY24, demographics and health disparities for different populations were monitored and reported and serve as baseline figures as we continue these reporting processes in FY 25.

Figure 14. Client's Age Gender; FY 2024

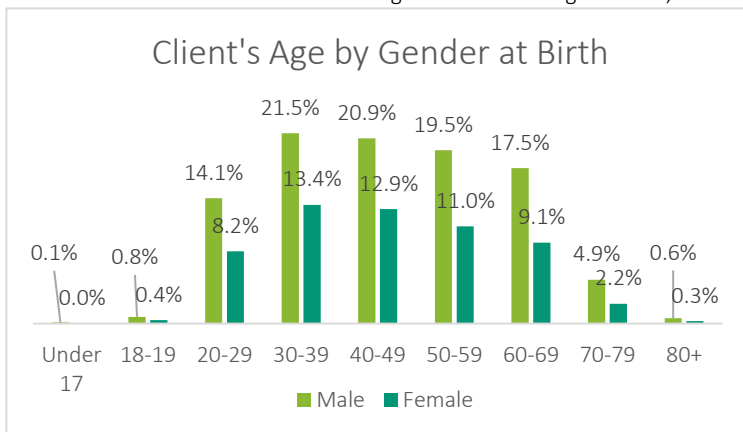


Figure 15. Client's Relationship Status; FY 2024

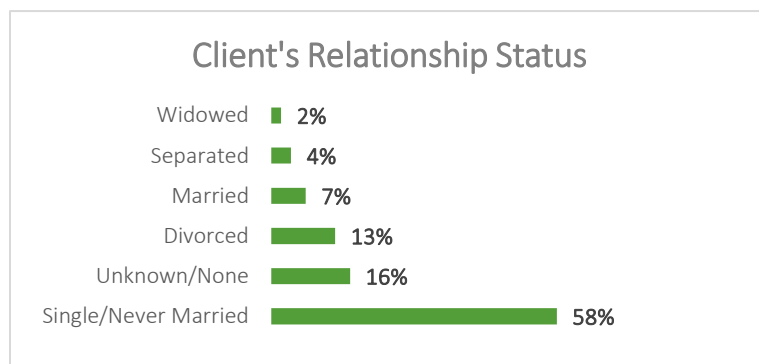


Figure 16. Client's Race; FY 2024

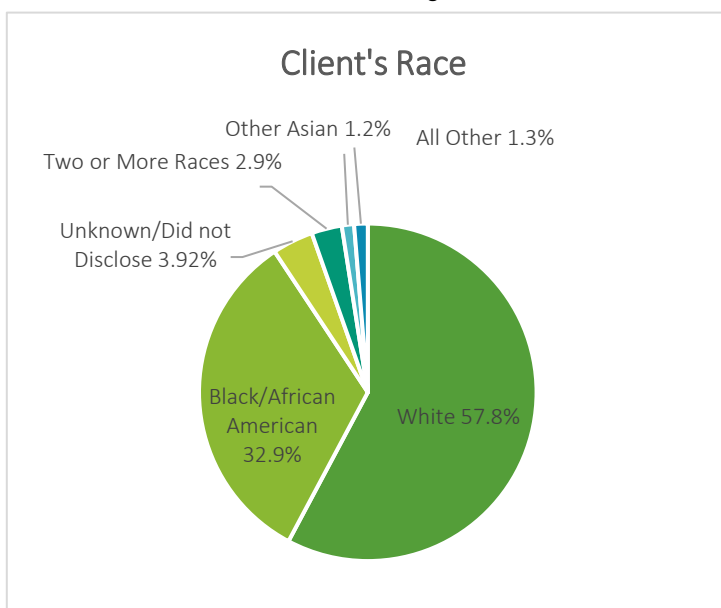
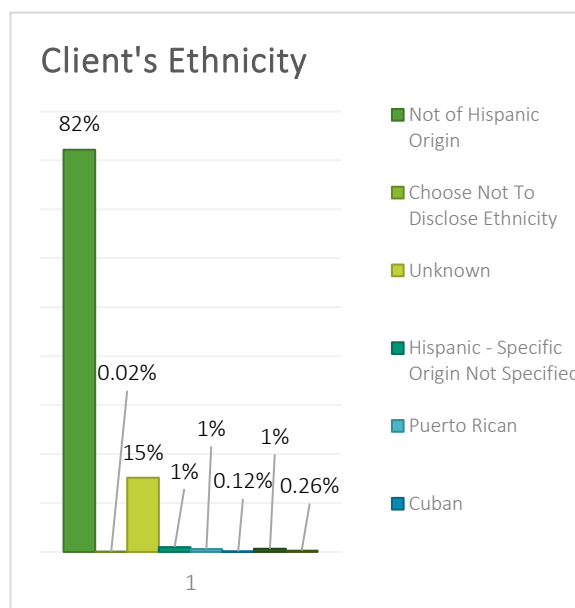


Figure 17. Client's Ethnicity; FY 2024



Income and Benefits

For Summit County residents, Community Support Services offers services, based on a sliding fee scale, through the financial support of the Summit County ADM Board. There are specific programs funded by the Summit County ADM Board for residents of Summit County. These programs include the following: Supported Employment, Residential Treatment and Art Therapy.

For others who do not have insurance, the Summit County ADM Board supports the behavioral health services for these clients through a sliding fee scale. The agency will work with the clients to apply for benefits. According to the United States Census Quick Facts report for Summit County, Ohio 12.5% of persons living in Summit County are identified at or below the poverty level, while 7.4% are without health insurance.

The following income and insurance data is based on July 2024 month-end data. As Table 7 reflects, most clients are beneficiaries

of managed health care services through Medicaid. Table 8 demonstrates that the majority of clients meet and/or significantly fall below National Poverty guidelines. Patient income is presented as a percent of the Federal poverty guideline set forth and published as [Federal Register :: Annual Update of the HHS Poverty Guidelines](#)

Table 7. Client’s insurance source July 2024

Client’s Insurance Source	% of Clients
<i>No Insurance</i>	4%
<i>Medicaid Only</i>	51%
<i>Medicare Only</i>	12%
<i>Dual Eligible Medicaid/Medicare</i>	26%
<i>Private Insurance</i>	7%

Table 8. % of Clients based on Percentage of Poverty Guidelines July 2024

Income % of Poverty Guideline	% of Clients
<i>=<100%</i>	58%
<i>101%-150%</i>	7%
<i>151%-200%</i>	3%
<i>200%+</i>	3%
<i>Unknown</i>	29%

Housing

Table 9. Residence Types; FY July 2024

Clients reside throughout Summit County in a variety of residential settings. 54.7% of clients reside in independent living locations. See Table 9 for all the reported types of client residences.

As figure 18 demonstrates, clients are concentrated in Akron and the immediate surrounding communities.

Residence Type	% of Clients
<i>Independent Housing</i>	54.7%
<i>Relatives Home/ Other</i>	13.7%
<i>Homeless</i>	8.6%
<i>Skilled Nursing Facility</i>	1.8%
<i>Unknown</i>	5.0%
<i>State Licensed Residential ACF</i>	5.6%
<i>State Hospital/ Correctional Facility</i>	5.8%
<i>Other</i>	4.8%

Figure 18. Map of Summit County, Ohio, Client's geographic location: FY 2024

