



COMMUNITY SUPPORT SERVICES

Behavioral Healthcare
& Wellness

ANNUAL REPORT FY 2021

Community Support Services, Inc.

July 1, 2020 to June 30, 2021

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TO OUR STAKEHOLDERS



**COMMUNITY
SUPPORT
SERVICES**
Behavioral Healthcare
& Wellness

Since 1988, 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 FY21, Community Support Services continued its efforts to support more than 3,000 clients to live and work in the community. Throughout the year, the agency continued to promote the best practices identified by the Centers for Disease Control and Prevention (CDC) in response to the worldwide pandemic. Community Support Services remained committed to 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 FY21.

During FY 2021, the agency completed several initiatives to improve the quality of care and/or strengthen the agency's financial position including the following:

- Concluded participation in a Learning Community offered through the National Council for Mental Wellbeing.
- Reported and met Value Based Purchasing (VBP) measures through the Summit County ADM Board, including an analysis of the Recovery Enhancement Practices training offered to entry-level providers.
- Improved access to the agency's comprehensive behavioral health services by addressing potential barriers to services.

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. 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 their 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.

THE ASSISTED OUTPATIENT TREATMENT (NEW DAY COURT) PROGRAM

In collaboration with the Summit County Probate Court and the Alcohol, Drug and Mental Health (ADM) Board, the agency provides the clinical oversight 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.

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.

PEER SUPPORT SERVICES

Peer Support Services offer an opportunity for mental health consumers to receive assistance by 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 2021, the agency employed Twenty (20) Recovery Specialists who provided over 4,000 hours of service.

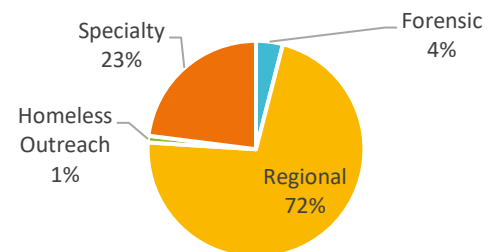
REGIONAL CASE MANAGEMENT SERVICES

Case Management offers person-centered services guided by an Individualized Service Plan.

Interventions add daily living skills, resource acquisition, medication management, etc. 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 clients' home address (see Figure 1). There are other 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.

Figure 1- Caseload Distribution (July 2021)

Case Management Services By Program



SPECIALIZED CASE MANAGEMENT SERVICES

This case management service is provided by the **Assertive Community Treatment Team (ACTT)** and **Intensive Treatment Team (ITT)**. Each team provides wrap around services for person with significant mental health and possible substance use concerns. These teams also implement the principles of the DACTS model to provide community-based services to address the unique needs of persons with severe mental illness.

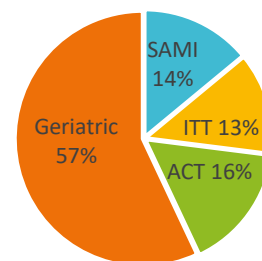
The **Substance Abuse and Mental Illness Program of ACT (SAMI-PACT)** program provides wrap-around services for persons with significant mental health and substance dependence disorders while implementing the principles of the Dartmouth

Assertive Community Treatment Scale (DACTS) model.

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 significant substance use disorders

Figure 2- Specialized Caseload (July 2021)

Specialized Teams Caseload



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.

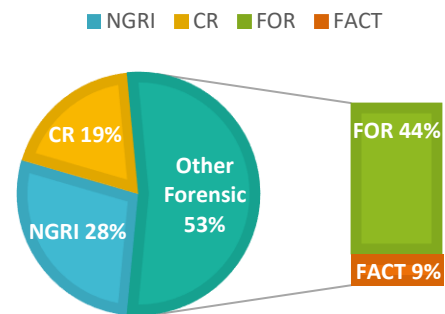
FORENSIC TEAM SERVICES

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. 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)

Figure 3- Forensic Caseload (July 2021)

FORENSIC CASELOAD



Forensic is a specialized team serving clients involved with the criminal justice system (see Figure 3). Forensic Services are provided to clients deemed “Incompetent to Stand Trial” and continues throughout the inpatient competency restoration process and to clients who are found “Not Guilty by Reason of Insanity” (NGRI), supporting clients during Conditional Release (CR).

The **Mental Health Court (MHC)** team provides service to individuals facing qualifying misdemeanor charges in Akron, Stow and Barberton Courts.

Hope Mental Health Court is a specialty docket program of the Summit County Court of Common Pleas. The Forensic team provides a full range of agency services to individuals with felony 3, 4 and 5 charges who also have qualifying mental health diagnoses and are determined appropriate for program services. In FY21, the Hope Court incorporated peer support as an integral part of its programming.

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

Two staff have received designation as Work Incentive Practitioners.

Referrals for program services are received from Community Support Services, Akron Child Guidance & Family, Community Health Center, 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

Supported Employment FY 2021

Number of new job starts	82
Average Hourly Wage	\$10.70
Average number of hours per week	25

illness find competitive jobs in the community. Consistently, research has demonstrated Supported

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 includes specially trained clinicians to address pharmacological issues and guide clients through Ohio's Central Pharmacy and other patient assistance programs to ensure continued availability of medications.

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, 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 specialty services on site at regular monthly intervals, such as mobile mammography and podiatry, in order to facilitate convenient, connected care.

Health and Wellness Services focuses on the integration of primary and behavioral health while emphasizing physical, mental, and emotional wellness. Components of the service line include the YMCA Wellness Program (through a special relationship with the YMCA) and our Lobby Nutrition Program (As an affiliate of the Akron-Canton Regional Foodbank), both facilitated by Certified Peer Support Specialists (Recovery Specialists). We are also a partner of Walk with a Doc®, hosting monthly walking events with physicians, or nurse practitioners where consumers can discuss health questions and concerns during a one-hour walk.

RESIDENTIAL SERVICES

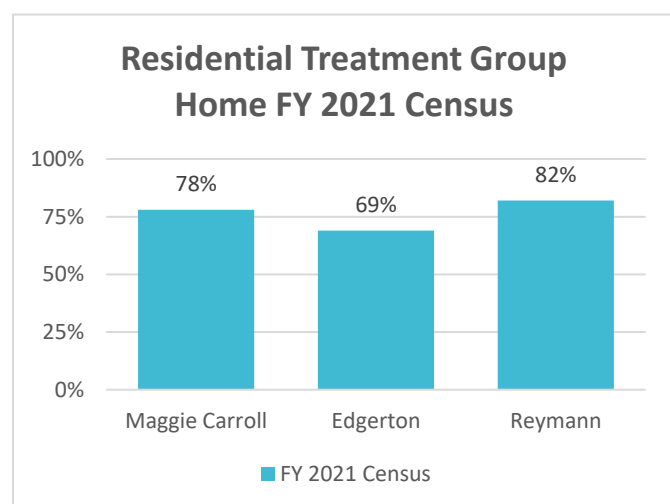
Residential Services includes **Residential Treatment and Supportive Housing** facilities (see Figure 4 for FY 2021 Census).

Figure 4- Group Home Census (July 2021) 1

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

Under the Housing First model, the agency offers 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

to provide the housing stability needed to allow the tenants to address other basic needs. In 2015,



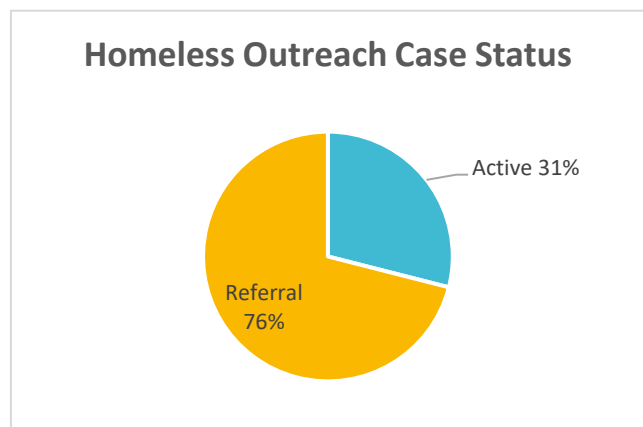
The Veteran's Safe Haven opened with an emphasis on providing stable housing for honorably discharged veterans designated as "chronically homeless with severe and persistent mental illness."

Community Support Services is also proud to be part of two Supportive Living projects in the community. The Commons at Madeline Park has one-hundred and twenty (120) units. In the summer of 2020 the second phase of Stoney Pointe Commons opened which now offers a total of 113 units.

HOMELESS OUTREACH

Homeless Outreach identifies and engages homeless 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).

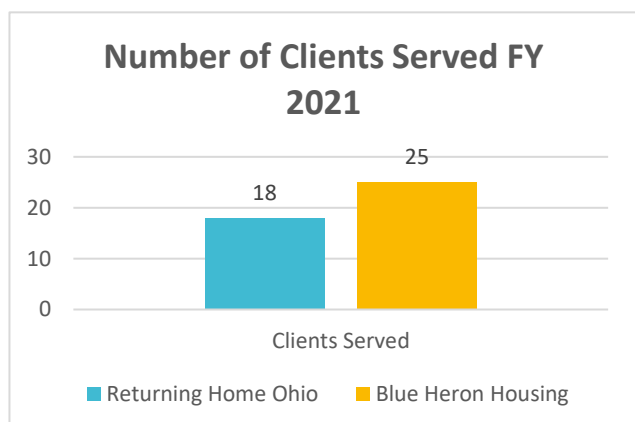
Figure 5- Homeless Client agency status (July 2021)



"Very helpful people. I would recommend to a friend."
SSVF Client

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 homeless.

Figure 6- RHO/BLH Clients Served (FY 2021)



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 prevent homelessness for offenders released from ODRC state institutions identified as homeless or

at risk of homelessness upon release and fall into one of 2 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 being most likely to require supportive services to maintain housing and stability. Referrals are also accepted from community providers and offenders themselves.

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 in order to maintain housing and stability. Referrals are also accepted from community providers such as homeless shelters, Projects for Assistance in Transition from Homelessness (PATH) teams and halfway houses.

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** serves as an alternative to inpatient hospitalization and provides education regarding mental illnesses as well as assists individuals in processing current stressors.

Art Therapy Services FY 2021

Number of Individuals Served	18
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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.

Individual and Group Counseling sessions, led by licensed clinicians, provide more in-depth and focused attention on unique issues. Counseling often is provided over a shorter term to address temporary concerns and crises.

CLIENT RIGHTS AND ADVOCACY

One hundred and sixty-five (165) complaints were filed in FY 2021 (see Table 1), a noted increase from 135 complaints recorded in FY 2020. The increase in complaints was most notable within the case management department. This is attributed to a refined tracking mechanism.

Table 1- Client Grievances by Subject (FY 2021)

During FY21, acknowledgment letters were sent within 4 business days of the complainants' initial inquiry with the client rights advocate. Proposed resolutions were discussed with clients and communicated in writing in a resolution letter within 5 business days of receipt of the grievance.

79% of all complaints received during FY 2021 were submitted by agency clients. Family/Guardians comprised 13% and the remaining 7% were from agency staff, ADM Board, and members in the community. Typically, complaints (24) 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 nurse. 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 Director of Health Center Integration.

Subject/Department	FY2021	FY2020	FY2019
Another Client	0	3	0
Case Management	73	56	44
Payee/Finance	31	32	24
Health Center (Psych)	24	20	19
Health Center (PCC)	1	1	4
Front Desk Support	0	1	0
Residential Treatment	4	4	6
Residential Other	3	5	1
Employment	0	0	0
Whole agency	14	6	5
Outside Agency	8	0	1
Homeless Outreach	1	1	1
ITS/Counseling	3	0	0
Billing	0	0	0
Other	1	7	9
TOTAL	165	136	114

Majority of client rights complaints were readily resolved when a misunderstanding or miscommunication was addressed.

In FY21, 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, questions related to case management services were forwarded to the assigned case manager and/or clinical supervisor for further action.

56% of all complaints were resolved/addressed by providing an explanation to the complainant with no further follow-up warranted. In limited circumstances, it may be necessary for staff discipline and/or to update an existing policy. In FY21, one staff correction was made, and in 3% of inquiries, a policy recommendation was made by the Client Rights Advocate and shared with the respective program director(s). Furthermore, 16% of the complaints had some type of treatment revision(s) as a final resolution, 18% 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. It was further noted that 8% of complaints were withdrawn and no further action was necessary.

HEALTH CENTER SERVICES

Federally Qualified Health Center (FQHC)

<p>As a FQHC Look Alike, Community Support Services continues to be evaluated on several measures (see Table 2.) in which emphasize health outcomes and the value of care delivered.</p> <p>Patient Satisfaction</p> <p>In 2020, nearly 80% of Health Center patient satisfaction respondents reported they had received Health Center services for more than 1 year. 96% of these respondents reported that their “health has improved since coming to the Community Support Services Health Center” survey. Other areas of patient satisfaction included staff interaction, facility cleanliness and accessibility and ability to get a prompt appointment.</p>	<p><i>“I really like the doctor, and my appointment times work around my work schedule.” - Health Center Patient</i></p> <p>Performance Measures</p> <p>In calendar year 2020, several indicators were removed and *two were added. Performance measures align with national standards and are 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> <p>Table 2 Annual Performance Measures (CY 2020)</p>
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QUALITY OF CARE MEASURE		2020
Preventive Health Screening & Services:	Cervical Cancer Screening	18.8%
	Breast Cancer Screening	6.7%
	Body Mass Index (BMI) Screening and Follow-up	28.5%
	Tobacco Use Screening & Cessation Intervention	64.4%
	Colorectal Cancer Screening	6.4%
	Screening for Clinical Depression & Follow-up Plan	.15%
	*Depression Remission @ 12 months	0%
*Added for CY 2020		

QUALITY OF CARE MEASURE

Chronic Disease Management:	Coronary Artery Disease (CAD): Lipid Therapy	53.1%
	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	50.0%
	High Blood Pressure (Hypertensive Patients with Blood Pressure <140/90)	40.9%
	Diabetes: Hemoglobin A1c Poor Control (Diabetic Patients with HbA1c>9% or No Test During Year	36.2%
	*HIV Screening	0.004%
	HIV Linkage to Care	0.0%
*Added for CY 2020		

QUALITY IMPROVEMENT & COMPLIANCE PROGRAM

About

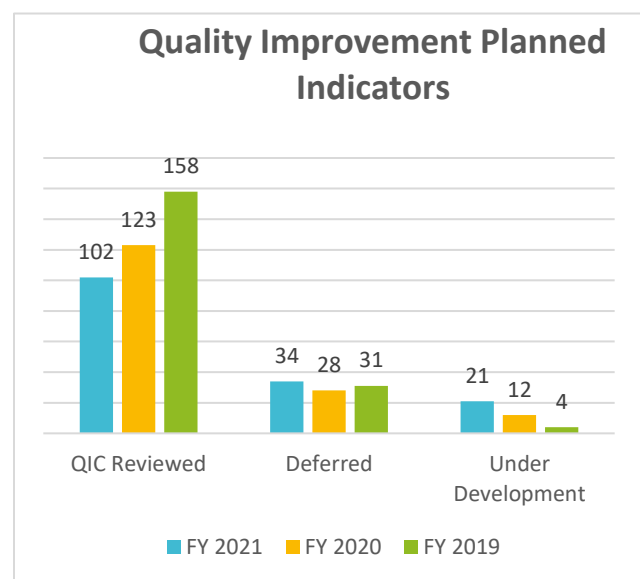
Quality Improvement & Compliance (QIC) program has been established by the Board of Directors of Community Support Services. The policies of the Board authorize the Chief Executive Officer to establish a Quality Improvement & Compliance Program and an Agency-wide Quality Improvement & Compliance Committee. In FY 21, there were more than 50 unique committee members that contributed to the work and activities of nine (9) separate sub-committees.

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, one-hundred and two (102) outcome indicators were reviewed by the QIC in FY 2021 (see Figure 7). Analysis of these 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. Most of the indicators are based on service delivery performance and are categorized in four key areas: Effectiveness, Efficiency, Accessibility and Satisfaction (see Table 3).

Figure 7. QI Planned Indicators (FY 2021 - 2019)



Twenty-five percent (25%) of all indicators with quantifiable targets were reported to have met and/or exceeded expectations.

Table 3 QI Plan Indicators by key area category (FY 2021)

Although, it is most notable in the 4th quarter, where improvement was reported in seventy percent (70%) of reported indicators (see figure 8). In FY 2021, indicators measuring effectiveness were reported to have the greatest improvement (see Figure 9).

INDICATOR CATEGORY	NUMBER OF INDICATORS		
	Reported	Deferred	Under Development
Efficiency	29	15	5
Effectiveness	45	15	14
Accessibility	13	2	2
Satisfaction	11	1	0
Peer Review	2	1	0
Target/Compliance	2	0	0
Total	*102	*34	21

Seventy-six percent (76%) of all reported indicators were reported to be at or above

Some indicators measure more than on key area and/or were reported more than once.)

**Indicators noted as deferred are placed under further review for redevelopment and/or removal from the FY22 Quality Improvement Plan.*

eighty percent (80%) of the identified compliance threshold range (see Figure 10). Indicators not at or above the desired threshold are subject to further review by the Quality Improvement & Compliance committee and a plan of action is developed to improve outcomes and performance.

During the year, case file reviews were completed as scheduled. The Quarterly Compliance review was continued 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

Figure 8 Reported QI Indicator Improvement (FY 2021)

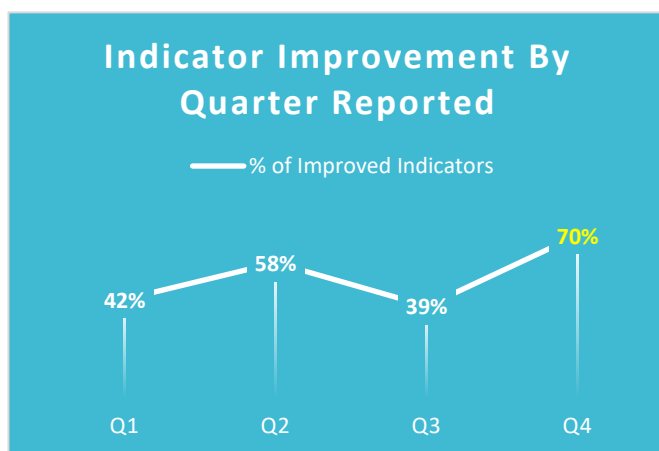


Figure 9. Improvement by Standard (FY2021)

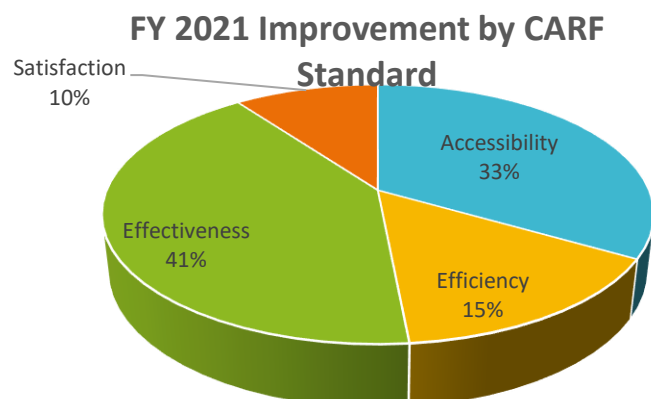
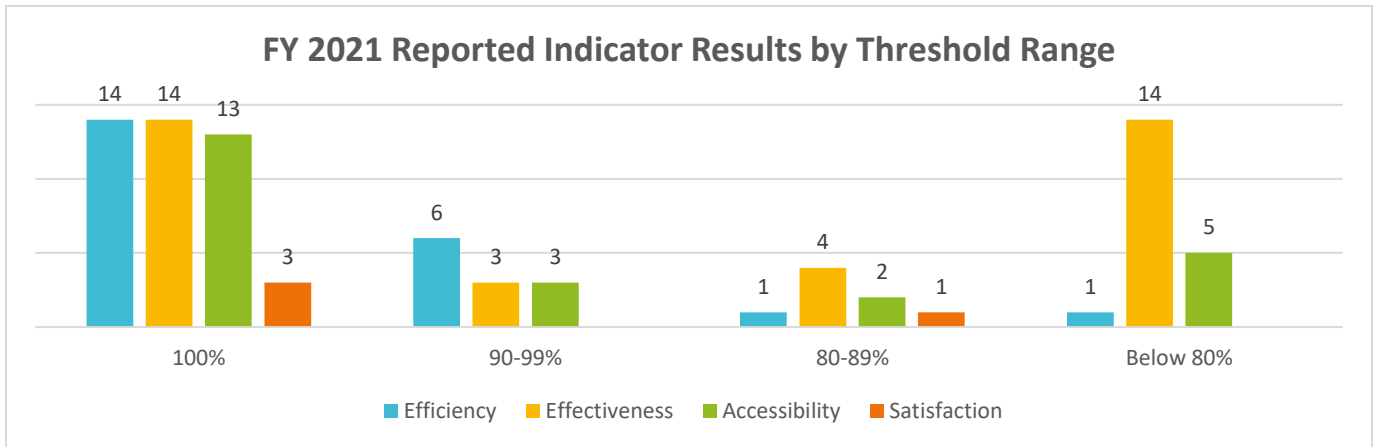


Figure 10. Reported Quality Improvement by standard (FY 2021)



also conducted to provide further baseline reporting. These baseline reports help in the development of meaningful indicators for Quality Improvement monitoring in FY 2022.

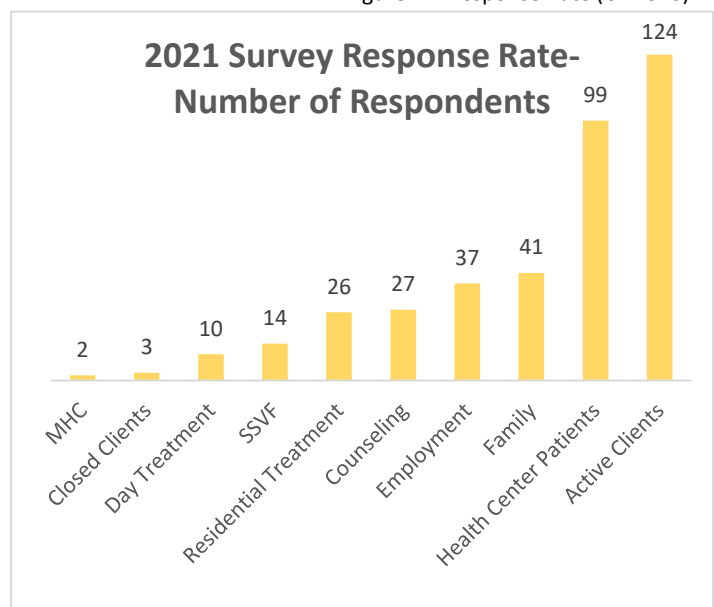
96% of Health Center Patients responding to the survey reported their health has improved since coming to the Health Center.

While the agency continued to conduct satisfaction surveys across a variety of program services, it was noted in the prior report that this is an area of needed improvement. In FY 2021, the agency redesigned its surveys to collect information more effectively and efficiently. Survey results were shared with stakeholders. Results were based on the 2020 calendar year.

There was an improved response rate and increased satisfaction across all surveys

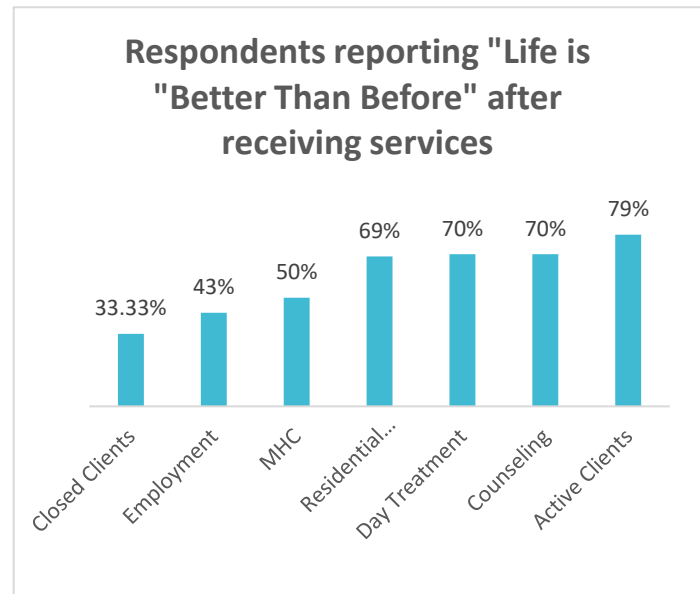
administered (See Figure 11 & 12). Throughout FY 2021, Quality Improvement's focus on reporting agency-wide population outcomes continued. Below, are quarterly averages for agency-wide

Figure 11. Response Rate (CY 2020)



outcomes that were reported during FY 2021 (see Table 4.) These three measures were part of the Value Based Purchasing (VBP) indicators and reported during FY 2021 to the Summit County Alcohol, Drug Addiction & Mental Health Services Board (ADM). The agency also began reporting quarterly baseline data for two other VBP indicators regarding appointment no show and cancellation rates for Medication Management and General Services.

Figure 12. Reported Satisfaction (CY 2020)



CSS continued its first new hire cohort entry training via Recovery Enhancement Practices (REP) for Psychosis informed by CBT-p. This training continued in collaboration with the NEOMED BeST Center. This initiative continued to be monitored under the ADM VBP matrix. REP is designed to assist Community Rehabilitation Specialists with developing skills to learn how to engage and work with clients with severe persistent mental illness. Trainees learned about the different pathways to the illness, the symptoms, stigma attached to the illness, the function of normalization, and the structure of CBT-p simplified, using the START method.

Table 4 Reported Indicators by % of Threshold Met (FY2021)

VBP Indicator	Threshold	FY 2021	FY 2020	FY 2019
<i>All new referrals for services will be seen within 7 business days from initial receipt of referral</i>	70%	48.2%	65.5%	69.8%
<i>All new referrals for services will be engaged or referred to Intensive Services Outreach within 21 business days from initial receipt of referral</i>	95%	85.7%	91.2%	93.5%
<i>Percentage of agency caseload seen by a treatment team provider in the last 90 days</i>	90%	95.8%	94.8%	95.1%

QUALITY IMPROVEMENT & COMPLIANCE PROGRAM SUB-COMMITTEES

Client Care Monitoring (CCM)

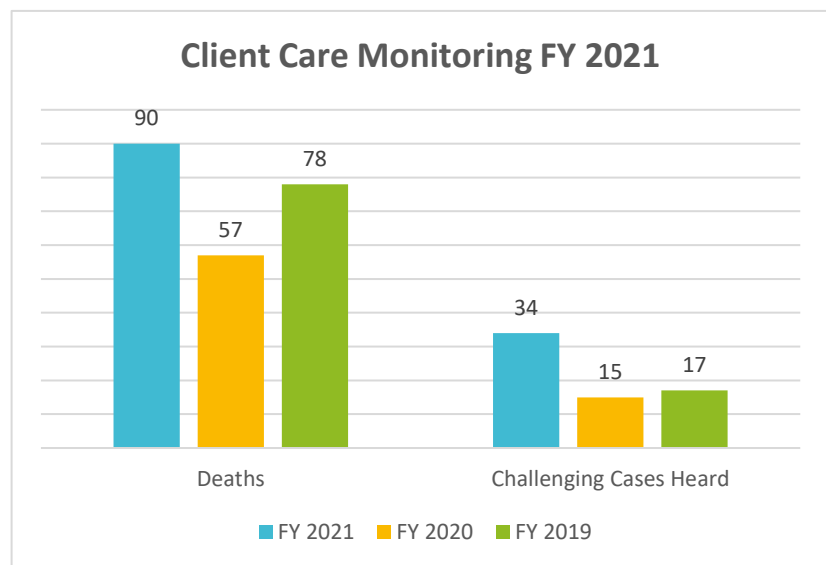
There were thirty-four (34) challenging cases presented to the Client Care Monitoring Committee. This is a significant increase from prior years (see Figure 13). Ninety (90) deaths were reported this year (See Figure 13).

The challenging cases reviewed during FY 2021 continue to present with various issues related to substance use, threatening behavior, and significant mental health symptoms. All committee case recommendations were completed.

Of the Ninety (90) deaths; sixty-two (62) were from natural causes,

fifteen (15) were unknown causes, five (5) were accidental deaths, one (1) was a suicide, three (3) were homicides, and four (4) were overdoses.

Figure 13. Client Deaths and Challenging Cases Presented (FY 2021)



Staff Training & Education (ST&E)

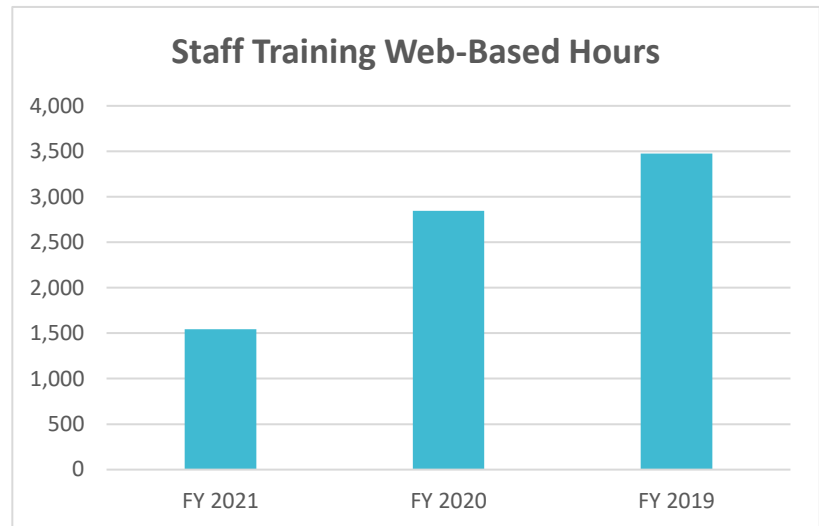
The Staff Training and Education (ST&E) committee provided 13 internal educational opportunities in FY 2021. There was a total of 16 continuing education hours available to all staff members of Community Support Services, Inc.

Trainings included:

- Trauma Informed Care sessions
- Malingering
- Work Incentives for SSA Beneficiaries
- Working Minds- Suicide Prevention
- Client Centered Care for Transgender Individuals

- Civil Commitment
- Diversity, Equity & Inclusion
- Clinical Supervision
- Medical Marijuana

Figure 14. Number of Hours Staff Dedicated to Web-Based Training (FY 2021-2019)



Amanda Tanner, Training Manager, became certified as a trainer in Pro-ACT, a crisis intervention training. All new staff with responsibility for client contact are required to complete the training which introduces concepts of crisis management, including how staff response may influence a crisis situation.

Kim Meals, Director of Quality and Compliance, and Amanda Tanner (Training Manager) became certified as trainers for Adult Mental Health First Aide and conducted four trainings between May 2021 and June 2021.

The committee discussed possible future trainings being offered covering guardianship and advance directives, mandated reporting, engagement techniques, and substance use.

Due to the pandemic, in person trainings have been limited, but have seen an increase of virtual and blended trainings. Most new hire orientation training sessions have been offered as virtual trainings.

Staff completed 1,543 hours of web-based learning (See Figure 14) on HealthStream. HealthStream also allows for licensed staff to gain continuing education credits as well as allows all staff to self-enroll in any course available.

Health & Safety (H&S)

The Safety Director and the Director of Quality & Compliance reviewed Three-Hundred and Twenty-One (321) Non-Death Related Major Unusual Incident (MUI) reports during FY 2021. 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.

An anticipated increase in infection control occurred during FY 21 with positive cases of COVID reaching 74 cases known to the agency. The agency conducted contact tracing to identify any potential exposures. Rapid testing was made available for staff and clients with a potential exposure and/or presentation of COVID-like symptoms.

Table 5. Number of Reported Major Unusual Incidents (FY 2019 to FY 2021)

Non-Death Related MUI	FY 2021	FY 2020	FY 2019
Alarm	2	1	3
Alleged Abuse/Neglect	11	9	4
Alleged Criminal Activity	10	5	4
Alleged Sexual Assault	2	3	3
Auto Accident (Staff)	8	4	10
AWOL from Residential Treatment	3	5	10
Building Emergency	1	2	5
Fall	14	15	24
Illness	37	35	31
Infection Control	74	7	8
Injury	7	9	21
Medication Diversion	0	0	0
Medication Error	7	5	7
Medication Issue	4	6	15

QUALITY IMPROVEMENT & COMPLIANCE ANNUAL REPORT FY 2021

Medication Missing/Unaccounted Medication	2	9	Not Reported
Mental Health Emergency	7	13	31
Non-Death Related MUI	FY 2021	FY 2020	FY 2019
Non-Participation in Safety Drill	1	2	4
Other	26	33	16
Physical Aggression	15	17	20
Property Damage/Loss	15	14	18
Seizure	1	1	7
Selling Drugs on premises	1	1	Not Reported
Suicide Attempt	5	8	4
Suicide Threat	7	13	17
Suspected Substance Abuse	2	3	16
Verbal Aggression	51	34	46
Weapon	8	7	5

During FY21, there was a noted increase in Alleged Criminal Activity. As a result, the agency installed security cameras on the exterior of all agency buildings. Auto accidents returned to pre-covid frequency as staff resumed in person and in-the-community services.

Unaccounted/missing medication and other medication related concerns have declined with an expectation of continued decreased as a result of policy changes in FY21.

While no change in the frequency of physical aggression was observed in FY21, verbal aggression was noted to have returned to pre-COVID frequency. This change is noted to likely be a result of a return to face-to-face services and in-office service provision.

Overall, there was not a significant increase in the number of incidents in comparison to FY 20 (329 non death related MUI) reports.

In FY21, the agency implemented an Active Shooter policy and efforts to coordinate a simulation drill will be discussed in early FY 22.

Due to COVID-19, the agency continued to focus its attention on maintaining infection control processes. Signage was maintained throughout the organization as well as e-mails with any changes with CDC recommendations were sent to all staff. As of the end of FY 21, staff were required to wear masks and adhere to social distancing practices throughout the agency. When the agency has been advised of an individual who has tested positive for COVID-19, appropriate contact tracing has occurred to reduce transmission risk.

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.

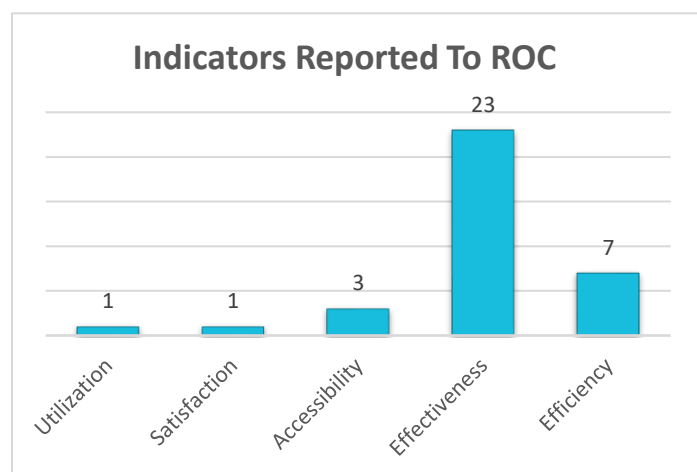
Research & Outcomes (ROC)

The Research and Outcomes committee (ROC) met quarterly in 2021 and reviewed 35 indicators (see Figure 15).

This committee continues to review the variables regarding program outcomes and effectiveness of program services.

Challenges with accessing inpatient admission data and identifying readmission rates continued in FY21. Efforts to streamline the data that is readily accessible to the agency will continue in FY 22.

Figure 15. Indicators Reported to ROC FY 2021



ADM VBP Indicators relevant to the committee are reviewed on a quarterly basis to ensure the agency is on track for meeting the established threshold. Throughout the year, there is considerable review and analysis of data to improve outcomes for those receiving services from the agency.

Recovery Advisory Council (RAC)

In FY 2021, 6 RAC meetings were held. Committee activity included review of post-discharge and satisfaction surveys by co-chair/Quality Improvement Specialist.

Two initiatives facilitated by outside organizations included RAC participation. The first, on behalf of the Ohio Substance Abuse Monitoring Network and Ohio Mental Health and Addiction Services, Researcher held 2 telehealth sessions with RAC in August 2020 to collect information that could develop and improve treatment and support services for people living with a mental health disorder. The second, included TRIAD marketing service representative who elicited feedback on slogans to be used for CSS' marketing campaign that kicked off in July 2021.

The LIFE CHAT newsletter was published three times. Its new layout, including new CSS logo, was introduced in the January 2021 issue. After the annual Art of Recovery was held in March 2021, the following issue featured one of the organizers of the event and a regular contributor to Life Chat, Art Therapist Lacy Vitko, who moved on to other employment.

RAC meetings continued a hybrid model of meeting in-person and virtually. Several former clients of the art therapy program joined RAC for socialization and to share their artwork in Life Chat. Primary Care Clinic clients gave feedback on their services during each meeting.

Inclusion & Diversity

The Inclusion & Diversity Committee faced challenges posed by the COVID-19 pandemic during the 2020 fiscal year. Committee members remained active, but participation changed to virtual meetings for a significant portion of the year. Virtual meetings curtailed the typical lively conversation. However, committee members continued to personally represent the three core values of inclusion: Honesty, Respect, and Trust. The Inclusion Ambassador Program continued as an ongoing initiative to outreach and support new staff. The committee provided information on diversity and inclusion training opportunities throughout the year. Efforts to bring the agency together were stepped up during the pandemic, and included a Virtual Game Night hosted by committee members. The agency's Cultural Humility Plan was reviewed and approved by committee members. Committee

members were active in campaigns during Black History Month and Women’s History Month. The committee sponsored a training on social justice in partnership with the Akron Urban League. In June, the committee announced that CSS would include Juneteenth as one of its officially recognized holidays.

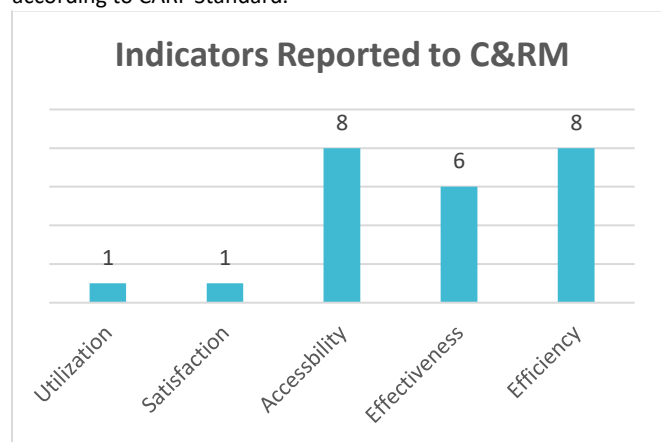
Compliance & Risk Management (C&RM)

The Compliance and Risk Management (C&RM) Committee continued to meet quarterly throughout FY 2021 to review twenty-four (24) indicators related to clinical documentation and utilization for compliance to established clinical best practices and agency’s policies and procedures (see Figure 16).

The quarterly Case Note review was continued in FY 21 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 determined as not meeting medical necessity are subject to review again in six (6) months. As of the end of the year 74% of all staff reviewed have met medical necessity standards.

Figure 16. Number of indicators reported to C&RM during FY 2021 according to CARF Standard.



CSS continues to be a provider of high fidelity performing Assertive Community Treatment (ACT) Services Teams. Due to the pandemic, the State of Ohio temporarily suspended the expectation of achieving a minimum score of 4.0 to maintain certification. However, we continued to have three (3) ACT Teams achieving and maintaining an average Fidelity Score of 4.1 (out of a 5.0 scale). This score represents a high level of adherence to the Dartmouth Assertive Community Treatment Scale (DACTS). The three (3) ACT Teams continue to develop and implement strategies to maintain and improve fidelity scores in various areas. Even during the pandemic, the ACT CRSs continued to serve clients in the field, engaging them in psychiatric appointments via telehealth via iPads and other electronic devices which meant the staff had to have in-person contact. Specialty medical appointments and assistance with IADLs continued to be provided face to face.

Credentialing

The Credentialing Committee provides oversight to the establishment and renewal of clinical privileges under FQHC guidelines. In FY 2021, fifty-seven (57) providers had their licenses renewed and eleven (11) new licensed staff were hired. The privileging/re-privileging process under FQHC guidelines include a review of performance/competency, applicable license verification (credentials) immunization status, and certain required trainings.

Recognition & Retention (R&R)

The Recognition and Retention (R&R) committee seeks new and creative activities and programs to reward employees for service and longevity.

In FY21, the committee oversaw several such programs. Unfortunately, the traditional End of Year Celebration was cancelled due to COVID-19 concerns. The Autumn/Halloween event was adapted to a socially distanced treat bag event. The Exec. Council BBQ was also cancelled due to the pandemic. The committee was challenged with the creation of social-distancing friendly events, including the provision of individual single-serve pizzas, and a “spring fling” event similar to the autumn/Halloween event. The committee’s longstanding “Catch the Spirit” awards were updated to the Superstar Awards, with a total of 230 combined awards issued in the 12-month period.

WHO WE SERVE

Agency Caseload

Community Support Services, Inc. provided service to 4,596 unique individuals during FY 2021.

At the end of FY 2021, there were 3,539 clients on the agency's caseload (see Figure 17).

During the first half of the year the agency's caseload (active and referral status cases) maintained a steady increase (see figures 18 & 19). Overall, on average, there were 218 new agency *active* admissions each quarter during FY 2021; this is a 21% overall increase in new admissions as compared to last year.

Figure 17. Agency Active and Referral Status Caseload (FY 2021- Calendar Year 2015.)

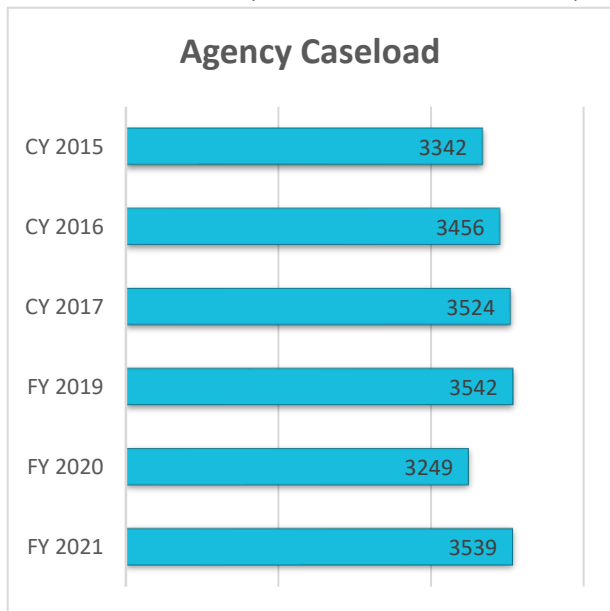


Figure 18. Active Case Activity During FY 2021

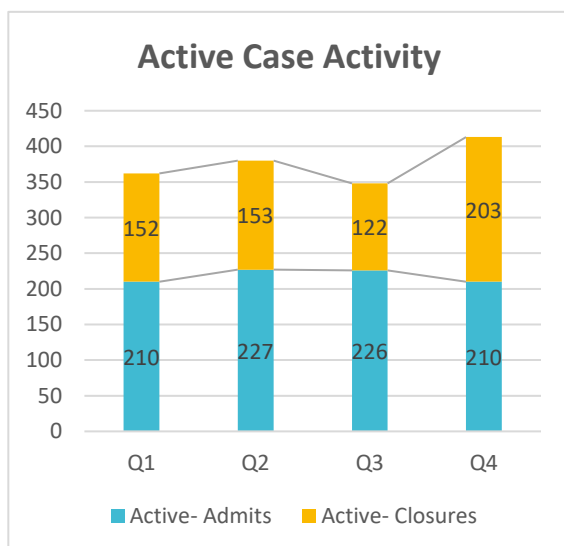
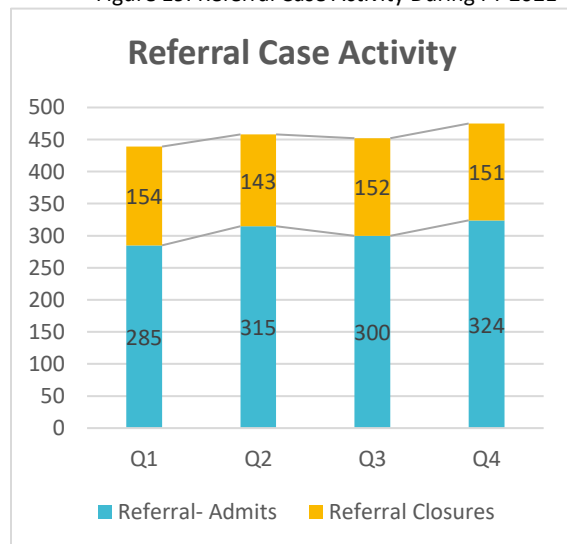


Figure 19. Referral Case Activity During FY 2021



Service Provision & Agency Staff

As of July 2021, the agency employed approximately 290 employees. 75% were direct service providers while the remaining, work in administrative and support staff roles (see Figure 20.)

Figure 20. Agency Staff FY 2021

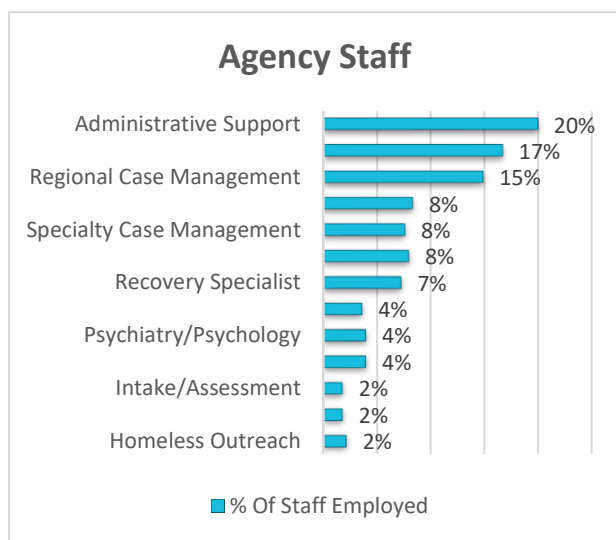
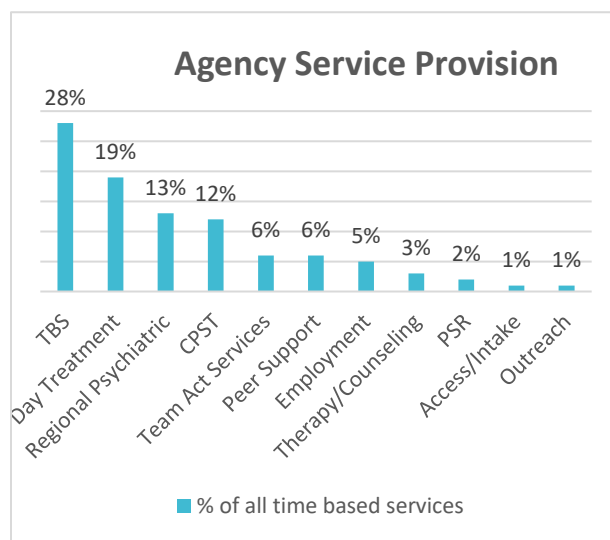


Figure 21. Agency Service Provision



During FY 2021, 28% of services provided to clients were delivered via telehealth, 42% were provided at a CSS/Satellite location and 30% were offered in the community. Service provision (based on the total number of documented hours) in FY 2021 demonstrates that the bulk of agency services can be found among case management services (see Figure 21).

Client Diagnosis

The 2019 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA), reported an estimated 51.5 million Americans aged 18 and older experience some form of mental illness. 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 as “a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities”. 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. Also, according to the 2019

NSDUH report, “13.1 million adults are identified as having SMI: representative of 5.2% of all US adults.

According to the National Institute of Mental Health (NIHM) in 2019, the prevalence of SMI was higher among females (6.5%) compared to (3.9%) in males. Young adults aged 18-25 had the highest prevalence (8.6%) compared to 26-49 years (6.8%) and 50 years plus (2.9%). It was also reported that SMI was highest among adults reporting two or more races, while the frequency of SMI was lowest among Native Hawaiian/Other Pacific Islander.

See Table 6 for the distribution of diagnoses among agency clients. Most agency clients have a Schizophrenia related diagnosis. Among these individuals, Paranoid Schizophrenia and Schizoaffective Disorder are most prevalent.

Table 6. Number of Clients services with a Primary mental Health Diagnosis- sorted by ICD10 Code Category F20-F69 Mental, Behavioral & Neurodevelopmental Disorders

F30-F69 Mental Behavioral & Neurodevelopmental Disorders	% of diagnoses	
	FY 2021	FY 2020
<i>Schizophrenia</i>	41%	43%
<i>Mood Disorders</i>	32%	35%
<i>Anxiety Related</i>	26%	22%

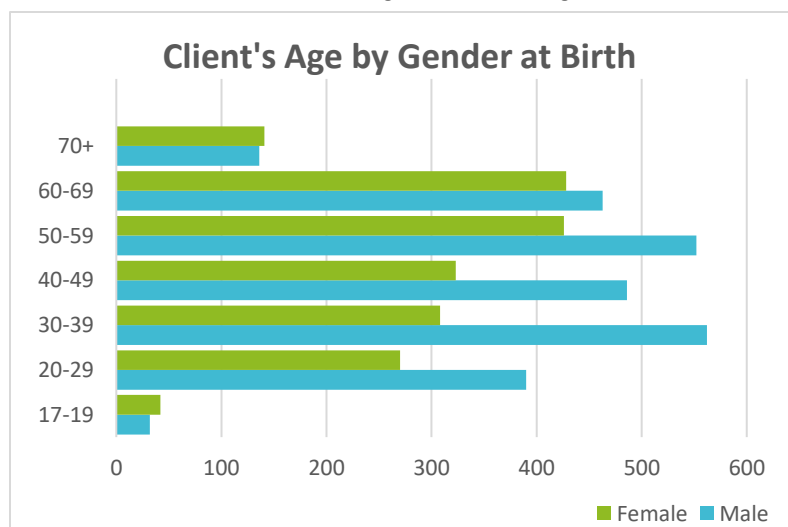
Client Demographics

The NIMH reports that in 2019 more females (70.5%) with SMI received mental health treatment than males (56.5%) and that nearly 75% of older individuals (50 and older) participated in some type of inpatient or outpatient mental health treatment.

Furthermore, according to NIHM 70.5% of white individuals received treatment in 2019 compared to 57.9% of African American and 52.8% Hispanic individuals.

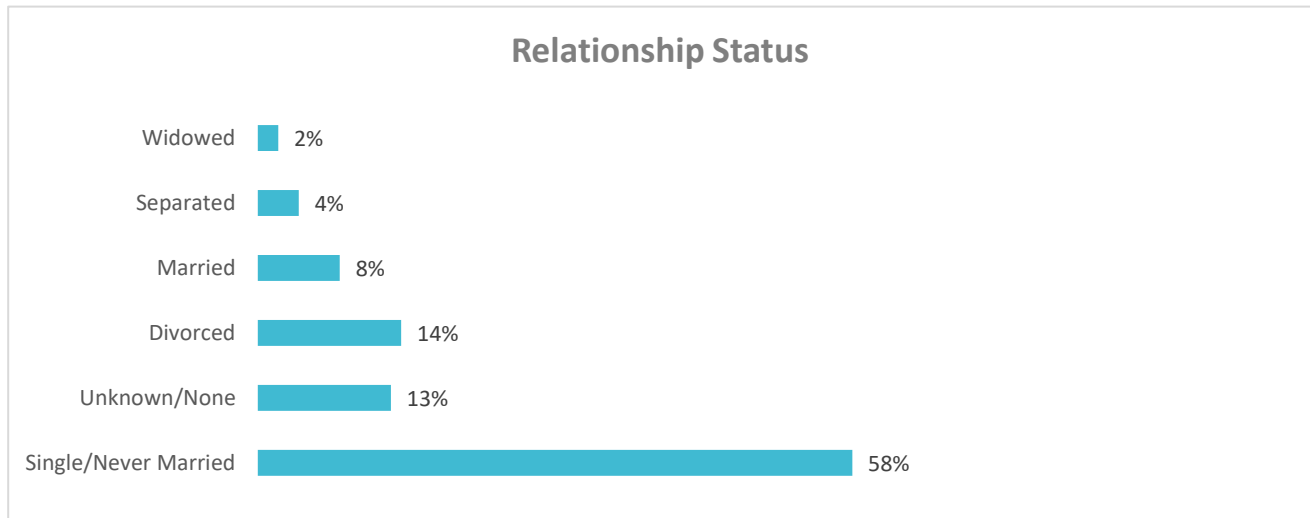
In FY 2021, the agency caseload was 57% Males who were typically over the

Figure 22. Client's Age Gender; FY 2021



age of 40 (see Figure 22.). An agency wide effort continued in FY 2021 to obtain and record

Figure 23. Client's Relationship Status; FY 2021



meaningful demographic information for clients services. The practice will continue in FY 2022.

Figure 24. Client's Ethnicity: FY 2021

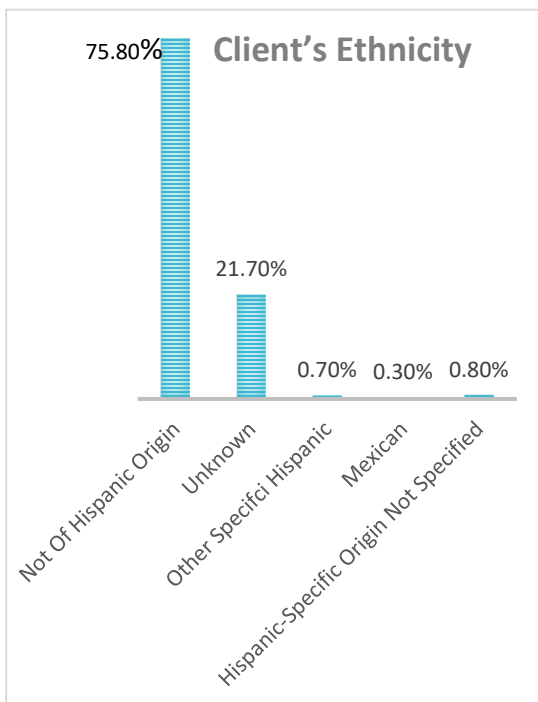
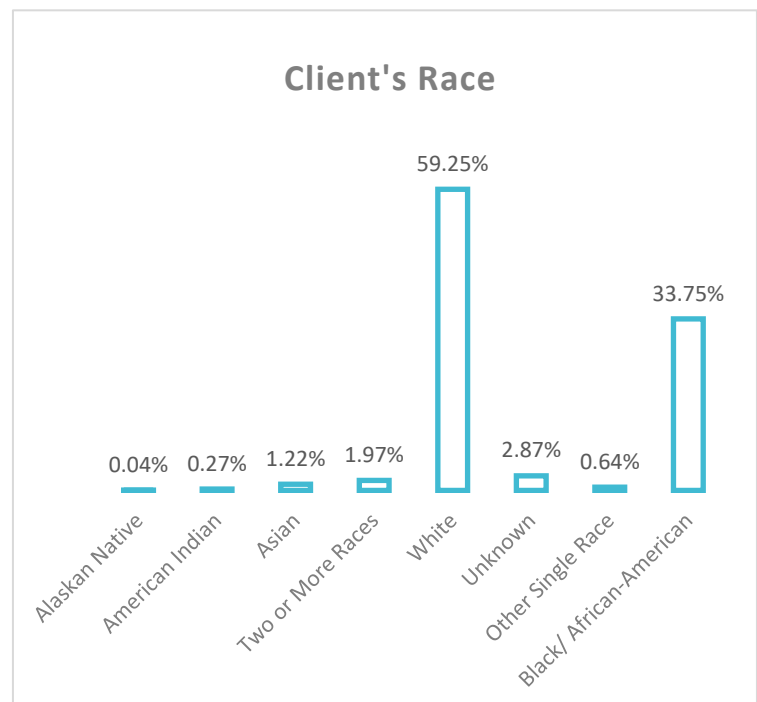


Figure 25. Client's Race; FY 2021



Income and Benefits

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

The following income and insurance data is based on calendar year reporting for 2021; These point-in-time figures were obtained at the end of July 2021. Table 7 reflects, the majority of clients are beneficiaries of managed health care services through Medicaid. Table 8 demonstrates that 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](#)

Housing

Clients reside throughout Summit County in a variety of residential settings. 60% of clients reside in independent living locations. See Table 9 for all the reported types of client residences. As figure 26 demonstrates, most clients are concentrated in Akron and the immediate surrounding communities.

Table 7. Client's Insurance Source; July 2021

Client's Insurance Source	% of Clients
<i>No Insurance</i>	3%
<i>Medicaid</i>	37%
<i>Medicare</i>	33%
<i>Dual Eligible Medicaid/Medicare</i>	23%
<i>Private Insurance</i>	4%

Table 8. Number of Clients based on Percentage of Poverty Guidelines; July 2021

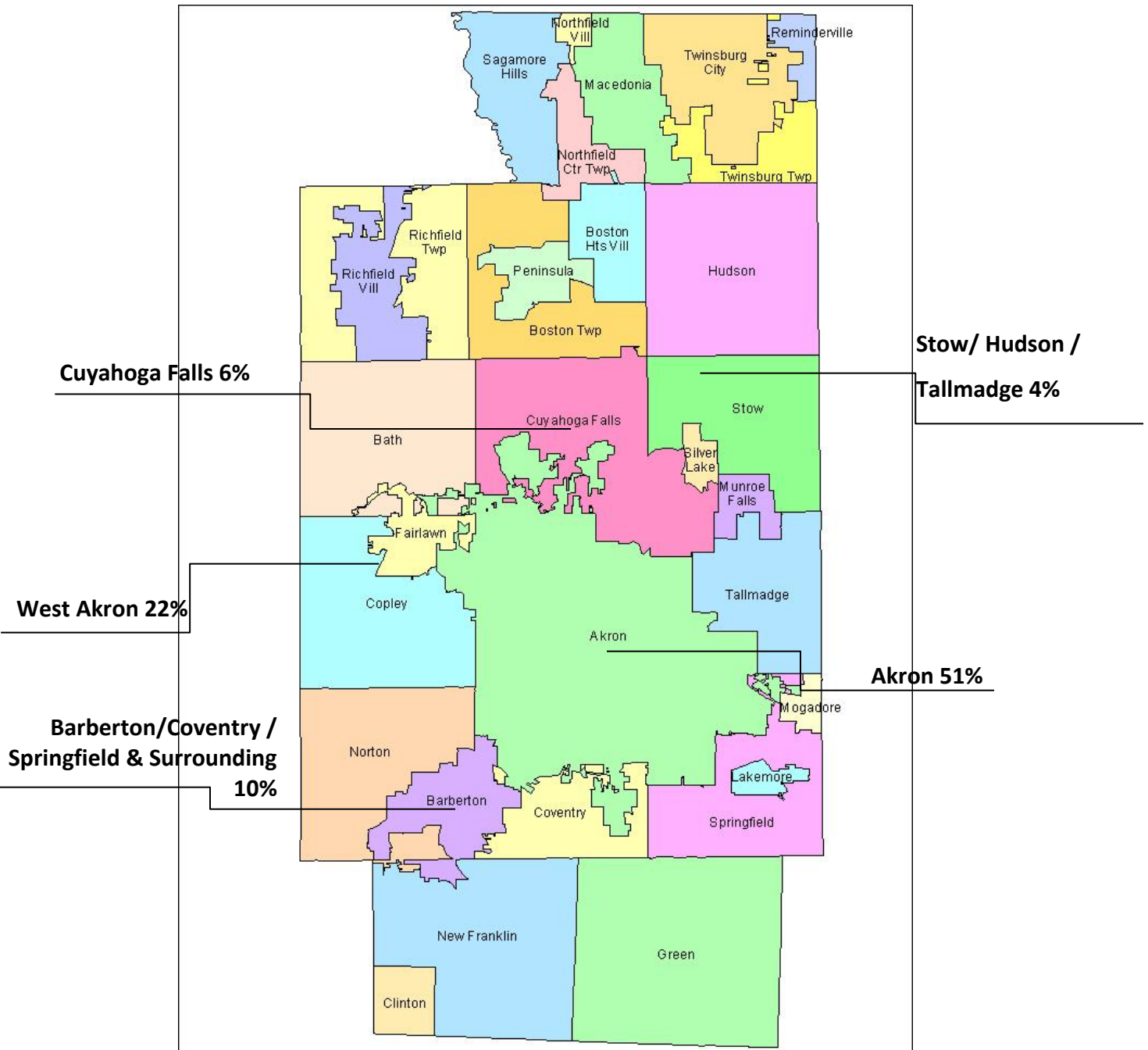
Income % of Poverty Guideline	Number Of Clients
<i>100%</i>	1,428
<i>101%-150%</i>	178
<i>151%-200%</i>	50
<i>200%+</i>	55
<i>Unknown</i>	1,368

Table 9. Residence Types; FY 2022

Residence Type	% of Clients
<i>Independent Housing</i>	60%
<i>Relatives Home/ Other</i>	13%
<i>Homeless</i>	8%
<i>Skilled Nursing Facility</i>	6%
<i>Unknown</i>	6%
<i>State Licensed Residential ACF</i>	5%
<i>State Hospital/ Correctional Facility</i>	2%

Figure 26. Map of Summit County, Ohio, Client's geographic location: FY 2021

Northern Summit County 4%



Southern Summit County 2%