



COMMUNITY SUPPORT SERVICES

Behavioral Healthcare
& Wellness

ANNUAL REPORT FY 2022

Community Support Services, Inc.

July 1, 2021 to June 30, 2022

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TO OUR STAKEHOLDERS



For 34 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 FY22, Community Support Services continued its efforts to support more than 3,800 clients to live and work in the community. The agency has seen a noted increase in request 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 FY22.

During FY 2022, the agency initiated several initiatives to improve the quality of care, emphasis on staff well-being, and strengthen the agency's financial position including the following:

- Submitted an application to SAMSHA to develop and implement the Certified Community Behavioral Health Clinic (CCBHC) model.
- Reported and met Value Based Purchasing (VBP) measures through the Summit County ADM Board.
- Introduced the role of the Resiliency Coordinator to support staff well-being.
- Participated in a research project with the Treatment Advocacy Center (TAC) around the Assisted Outpatient Treatment (AOT) program.
- Participated in the Dual Diagnosis Capacity effort with the Summit County ADM Board.

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 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 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.

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 2022, the agency employed Twenty (20) Recovery Specialists who provided over 4,000 hours of service.

REGIONAL CASE MANAGEMENT SERVICES

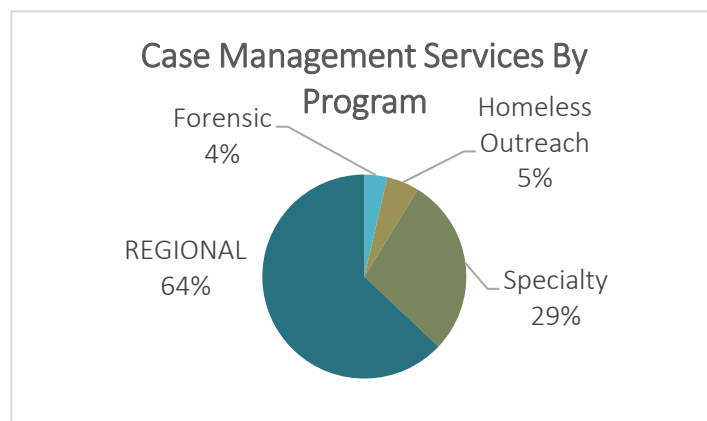
Case Management offers person-centered services guided by an Individualized Service Plan.

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- Active Caseload Distribution (July 2022)

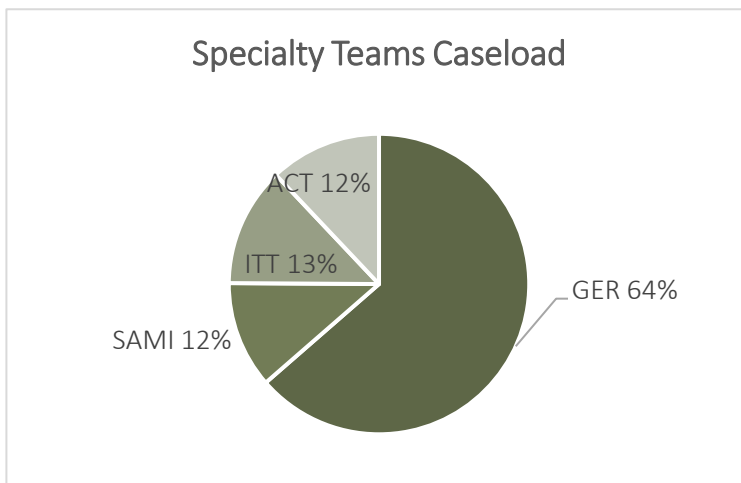


SPECIALIZED CASE MANAGEMENT SERVICES

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

Figure 2- Specialized Caseload (July 2022)



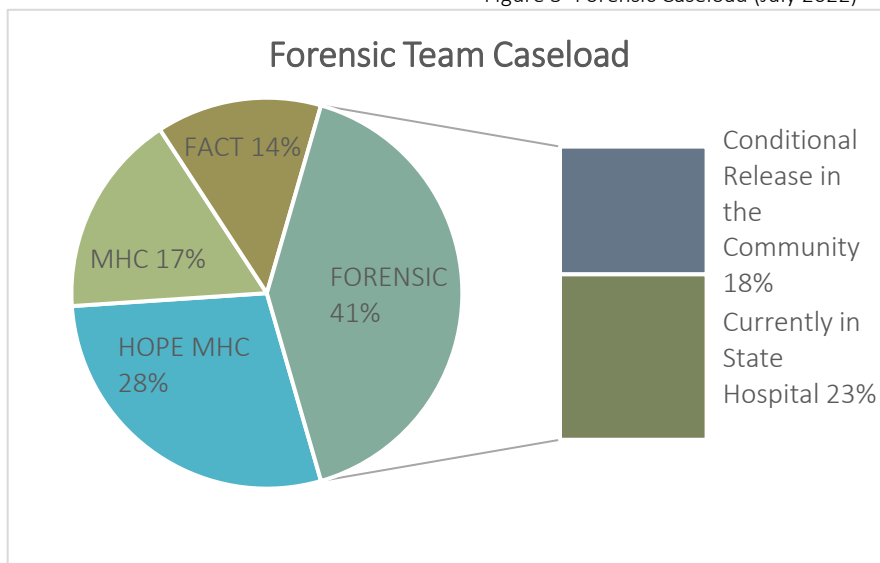
The Geriatric and Long-Term Care team strives to ensure the highest quality of life for older adults. This specialized team includes Community Rehabilitation Specialists, Geriatric Psychiatrists, Advanced Practice Nurse and Long-Term Care Services. Comprehensive treatment and mental health evaluations 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. 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 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).

Figure 3- Forensic Caseload (July 2022)



The **Mental Health Court (MHC)** team provides service 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 felony 3, 4 and 5 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, 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 illness find competitive jobs in the community. Consistently, research has demonstrated Supported

Supported Employment FY 2022

Number of new job starts	69
Average Hourly Wage	\$12.39
Average number of hours per week	24.96

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 administers 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.

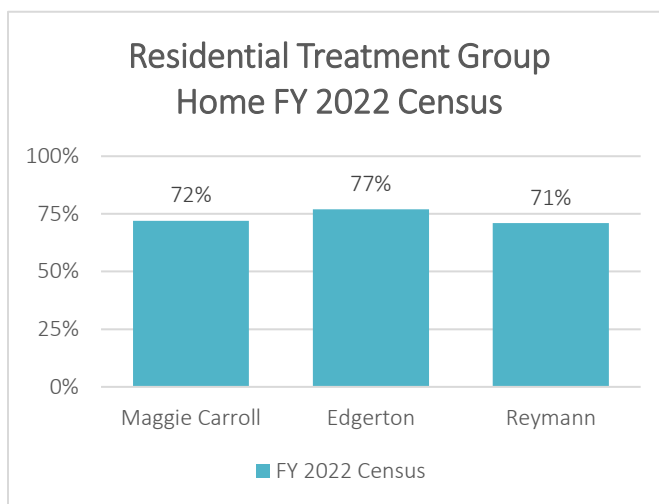
RESIDENTIAL SERVICES

Residential Services includes **Residential Treatment and Supportive Housing** facilities (see Figure 4 for FY 2022 Census).

Figure 4- Group Home Census (July 2022)

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 for the



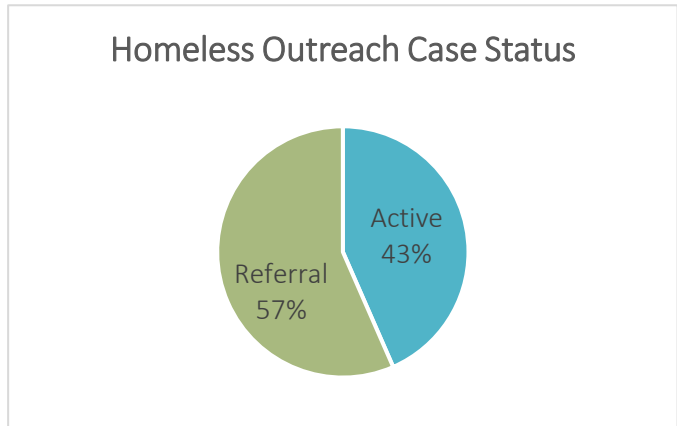
chronically homeless with severe and persistent mental illness.” to provide the housing stability needed to allow the tenants to address other basic needs. In 2015, The Veteran’s Safe Haven opened with an emphasis on providing stable housing for veterans that are deemed eligible for VA medical care. Eligible vets may stay for up to 6 months (with possible extensions) while they work on permanent housing, while receiving case management and referrals from staff for any other identified need.

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

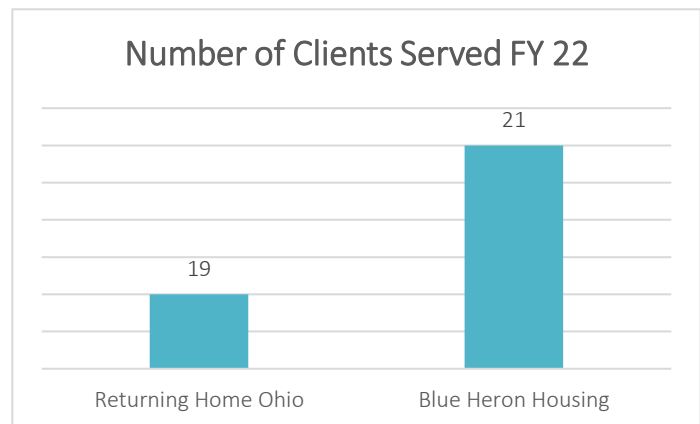
Homeless Outreach identifies and engages unhoused individuals who may benefit from mental health treatment. The Homeless Outreach Team works with clients in referral status until they are determined eligible for active agency services and ready to transition to traditional case management teams or are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

Figure 5- Homeless Client agency status (July 2022)



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.

Figure 6- RHO/BLH Clients Served (FY 2022)



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 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 2022	
Number of Individuals Served	20

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 eighty-six (186) complaints were filed in FY 2022 (see Table 1), a noted increase from 165 complaints recorded in FY 2021. The increase in complaints was most notable among case management and residential treatment services.

Table 1- Client Grievances by Subject (FY 20221)

Subject/Department	FY2022	FY2021	FY2020	FY2019
Another Client	0	0	3	0
Case Management	83	73	56	44
Payee/Finance	29	31	32	24
Health Center (Psych)	18	24	20	19
Health Center (PCC)	6	1	1	4
Front Desk Support	0	0	1	0
Residential Treatment	17	4	4	6
Residential Other	8	3	5	1
Employment	1	0	0	0
Whole agency	10	14	6	5
Outside Agency	12	8	0	1
Homeless Outreach	0	1	1	1
ITS/Counseling	2	3	0	0
Billing	0	0	0	0
Other	0	1	7	9
TOTAL	186	165	136	114

During FY22, acknowledgment letters were sent within 2.8 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 8.4 calendar days from the receipt of the grievance.

75% of all complaints received during FY 2022 were submitted by agency clients. Family/Guardians comprised 16%, 7% were from agency staff and 2% were from outside the agency.

Typically, complaints (18) 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.

In general, issues related to Health Center- Primary Care Clinic (6) 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 FY22, 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, questions related to case management services were forwarded to the assigned case manager and/or clinical supervisor for further action.

23% of all complaints were resolved/addressed by providing an explanation to the complainant with no further follow-up warranted. 9% of the complaints had some type of treatment revision(s) as a final resolution, 59% 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. In one instance, a staff correction was necessary. The remaining 9% 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 2022, more than 81% of Health Center patient satisfaction respondents reported they had received Health Center services for more than 1 year. 86% of these respondents reported that their “health has improved since coming to the Community Support Services Health Center” survey. 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><i>“Staff are kind and helpful. I like that all services are located in one place, and I don’t have to run all over town for appointments.” - Health Center Patient</i></p> <p>Performance Measures</p> <p>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>
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Table 2 Annual Performance Measures (CY 2021-2020)		2021	2020
QUALITY OF CARE MEASURE			
Preventive Health Screening & Services:	Cervical Cancer Screening	16.14%	18.8%
	Breast Cancer Screening	22.57%	6.7%
	Body Mass Index (BMI) Screening and Follow-up	72.98%	28.5%
	Tobacco Use Screening & Cessation Intervention	84.79%	64.4%
	Colorectal Cancer Screening	7.84%	6.4%
	Screening for Clinical Depression & Follow-up Plan	7.22%	.15%
	*Depression Remission @ 12 months	0%	0%

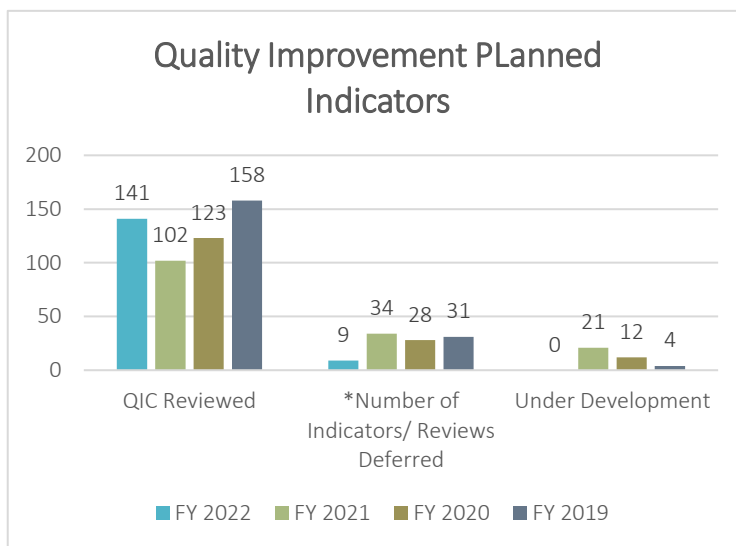
QUALITY OF CARE MEASURE		2021	2020
Chronic Disease Management:	Coronary Artery Disease (CAD): Lipid Therapy	77.54%	53.1%
	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	86.67%	50.0%
	High Blood Pressure (Hypertensive Patients with Blood Pressure <140/90)	61.05%	40.9%
	Diabetes: Hemoglobin A1c Poor Control (Diabetic Patients with HbA1c>9% or No Test During Year)	21.30%	36.2%
	*HIV Screening	17.75%	0.004%
	HIV Linkage to Care	100%	0.0%

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 22, there were sixty (60) unique committee members that contributed to the work and activities of nine (9) separate sub-committees.

Figure 7. QI Planned Indicators (FY 2022 – 2019)



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 forty-one (141) outcome indicators were reviewed by the QIC in FY 2022 (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).

Seventy-two percent (72%) of indicators that were reported and had quantifiable targets were reported to have met and/or exceeded expectations. It is most notable in the 2nd quarter, where improvement was reported in forty percent (40%) of reported indicators (see figure 8). In FY 2022, indicators measuring effectiveness were reported to have the greatest improvement (see Figure 9).

Table 3 QI Plan Indicators by key area category (FY 2022)

INDICATOR CATEGORY	NUMBER OF INDICATORS		
	Reported	Deferred	Under Development
Efficiency	42	5	0
Effectiveness	57	3	0
Accessibility	32	0	0
Satisfaction	6	1	0
Peer Review	1	0	0
Target/Compliance	3	0	0
Total	*141	*9	0

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

**Indicators noted as deferred are placed under further review for redevelopment and/or removal from the FY23 Quality Improvement Plan.*

Sixty-one percent (61%) of all reported indicators were reported to exceed the identified threshold range. Twenty-Five percent were noted to be above 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

Figure 8 Reported QI Indicator Improvement (FY 2022)

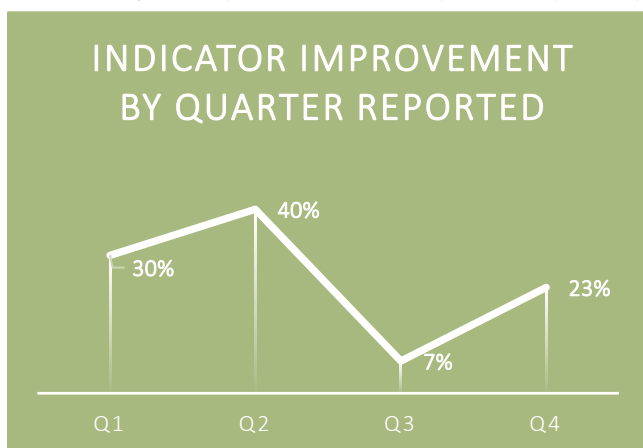


Figure 9. Improvement by Standard (FY 2022)

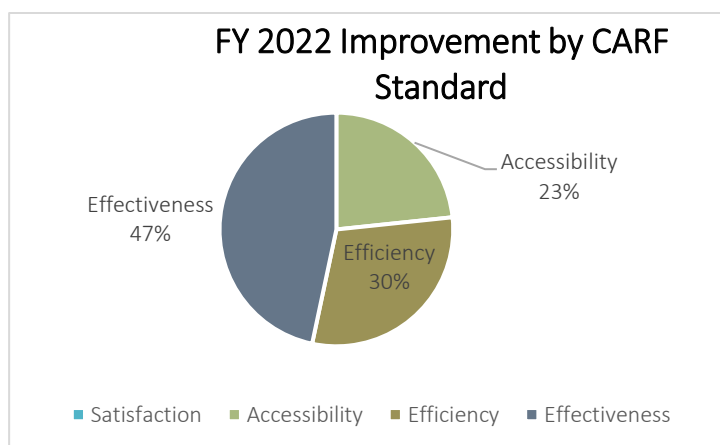
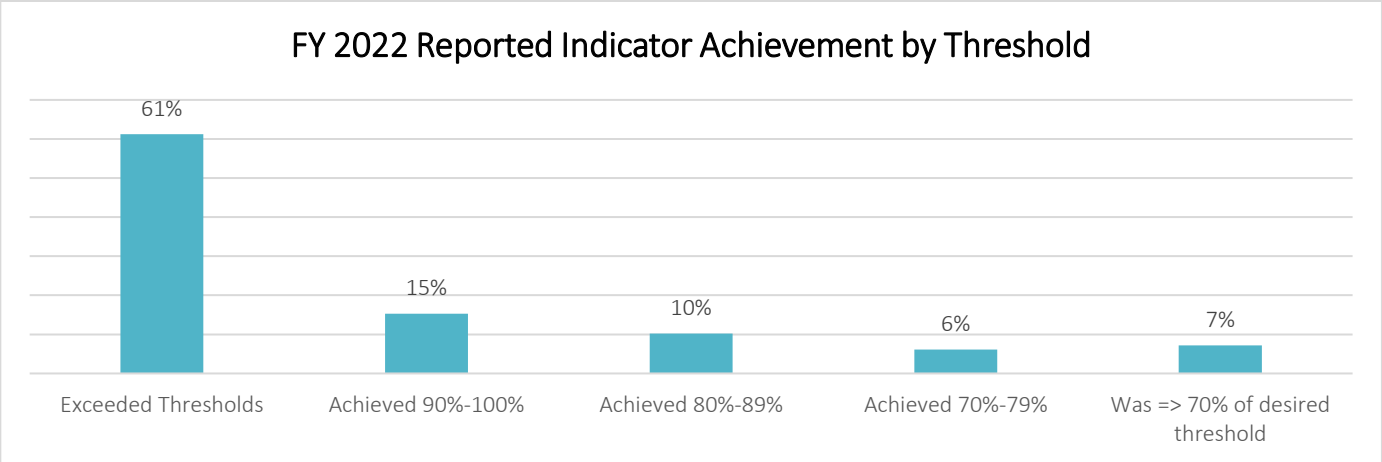


Figure 10. Reported Quality Improvement by threshold achieved (FY 2022)



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 2022.

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

Throughout FY 2022, Quality Improvement’s focus on reporting agency-wide population outcomes continued. Below, are quarterly averages for agency-wide outcomes that were reported during FY 2022 (see Table 4.) These three measures were part of the Value Based Purchasing (VBP) indicators and reported during FY 2022 to the Summit County Alcohol, Drug Addiction & Mental Health Services Board (ADM). The agency also continued reporting quarterly data for two other VBP indicators regarding appointment no show and cancellation rates for Medication Management and General Services.

CSS continued to engage newly hired case management providers in the Recovery Enhancement Practices (REP) for Psychosis informed by CBT-p. This training, with oversight from the BeST Center and financial support from the Summit County ADM Board, assists Community Rehabilitation Specialists to develop engagement skill. 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.

Table 4 Reported VBP Indicators (FY2022-FY 2019)

VBP Indicator	Threshold	FY 2022	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%	57.8%	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%	85.1%	85.7%	91.2%	93.5%
<i>Percentage of agency caseload seen by a treatment team provider in the last 90 days</i>	90%	94.8%	95.8%	94.8%	95.1%

QUALITY IMPROVEMENT & COMPLIANCE PROGRAM SUB-COMMITTEES

Client Care Monitoring (CCM)

When treatment teams are struggling with clients with complex needs, the Client Care Monitoring Committee meets to assist with the identification of different strategies to support the clients' treatment and to offer support to the treatment providers. In FY 22, the case presentation form was updated using a trauma informed lens. Twenty-eight (28) clients were presented to the Client Care Monitoring Committee. This is a significant increase from prior years (see Figure 13). Sixty-five (65) deaths were reported this year (See

Figure 11).

The complex cases reviewed during FY 2022 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 Sixty-five (65) deaths; twenty (20) were from natural causes, thirty-eight (38) were unknown causes, five (5) were confirmed/suspected drug overdoses, and two (2) were suicides.

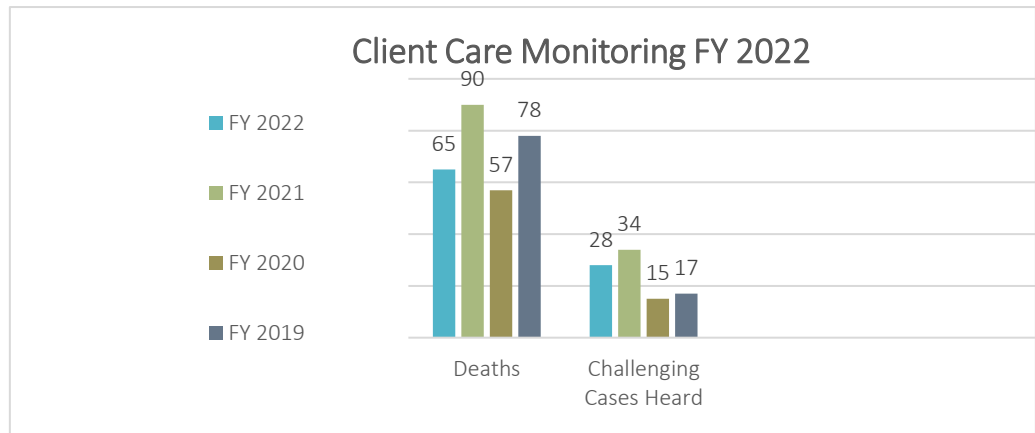
Staff Training & Education (ST&E)

In FY22, the Staff Training and Education (ST&E) committee provided 4 internal education opportunities as well as offered two community training opportunities.

Trainings included:

- Summit County Children Services
- Duty to Warn
- Leadership Essentials
- Fair Housing

Figure 11. Client Deaths and Challenging Cases Presented (FY 2022)



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 committee continually seeks to offer trainings to support staff development needs.

In March 2022, Community Support Services introduced Relias as its provider of online training. 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. At that time, existing staff were assigned recurring to complete the reoccurring courses by 12/31/22. As of June 30, 2022, 269.23 hours of web-based training has been completed.

Agency staff continue to participate in virtual trainings. There has also been a return to in-person trainings.

Health & Safety (H&S)

The Safety Director and the Director of Quality & Compliance reviewed two hundred and ninety-one (291) Non-Death Related Major Unusual Incident (MUI) reports during FY 2022. 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.

To assist with decreasing the risk of COVID transmission among staff and clients, the agency offered rapid testing. As appropriate, the Director of Nursing also did active follow-up with any staff and clients identified as COVID-19 positive. Due to federal mandates, all agency staff were required to obtain a two-step COVID vaccination, unless eligible for an exemption based on defined criteria. The agency conducted contact tracing to identify any potential exposures.

QUALITY IMPROVEMENT & COMPLIANCE ANNUAL REPORT FY 2022

Table 5. Number of Reported Major Unusual Incidents (FY 2019 to FY 2022)

Non-Death Related MUI	FY 2022	FY 2021	FY 2020	FY 2019
Alarm	6	2	1	3
Alleged Abuse/Neglect	12	11	9	4
Alleged Criminal Activity	5	10	5	4
Alleged Sexual Assault	4	2	3	3
Auto Accident (Staff)	1	8	4	10
AWOL from Residential Treatment	8	3	5	10
Building Emergency	0	1	2	5
Fall	24	14	15	24
Illness	34	37	35	31
Infection Control	20	74	7	8
Injury	9	7	9	21
Medication Diversion	0	0	0	0
Medication Error	9	7	5	7
Medication Issue	2	4	6	15
Medication Missing/Unaccounted Medication	3	2	9	Not Reported
Mental Health Emergency	6	7	13	31
Non-Participation in Safety Drill	0	1	2	4
Other	39	26	33	16
Overdose	6	Not Reported	Not Reported	Not Reported
Physical Aggression	20	15	17	20
Property Damage/Loss	9	15	14	18
Seizure	16	1	1	7
Selling Drugs on premises	0	1	1	Not Reported
Suicide Attempt	3	5	8	4
Suicide Threat	6	7	13	17
Suspected Substance Abuse	0	2	3	16
Verbal Aggression	44	51	34	46
Weapon	5	8	7	5

Overall, there was a significant decrease in the number of incidents in comparison to FY 21 (321 non death related MUI) reports. However, efforts were made by the committee to address some areas with noted increases.

During FY 22, there were six (6) overdoses reported. Half of these were opioid related and occurred at the Homeless Outreach Facility. As a continued precaution for opioid related overdoses, NARCAN is maintained in the homeless outreach facility to be used for emergency treatment of known or suspected opioid overdose. The remaining incidents involved other potentially toxic substances. In all cases emergency services were offered/requested and/or the poison control center was contacted.

Incidents involving physical aggression increased slightly. 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 are underway to improve staff safety and response time from the local authorities.

In FY22, discussions continued regarding directing an Active Shooter drill. As such, an action plan was developed to identify needed changes and necessary implementation to better prepare the agency for a successful and organized active shooter emergency drill on the main campus. The action plan will be continued through the first half of FY 23 with the goal of holding the emergency drill in the spring of FY 23.

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)

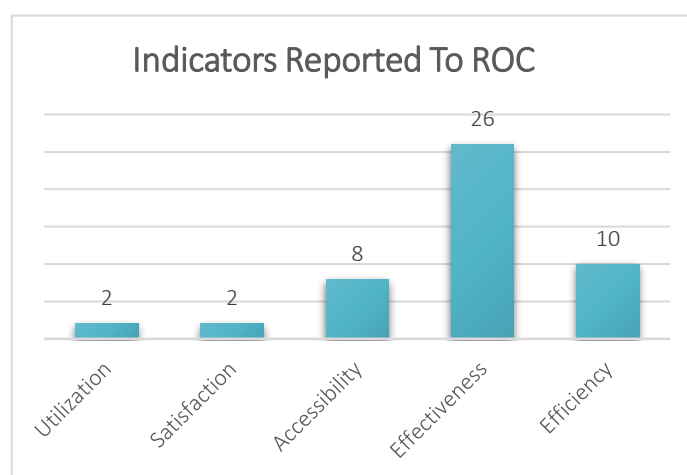
The Research and Outcomes committee (ROC) met quarterly in FY 2022 and reviewed 48 indicators (see Figure 15).

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 FY22. Efforts to streamline the data that is readily accessible to the agency will continue in FY 23.

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.

Figure 12. Indicators Reported to ROC FY 2022



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 2022, six (6) RAC meetings were held with both in-person attendance and via Zoom. Committee activity included review and feedback of post-discharge and satisfaction surveys by co-chair/Quality Improvement Specialist.

Health Care Center clients continue to share feedback on their services rendered during each meeting.

TRIAD marketing service was revisited in February 2022 to continue eliciting RAC participants feedback on ideas and slogans to be used for CSS' marketing campaign.

RAC meetings continued as a hybrid model of meeting in-person and virtually. Several RAC members were excited to be part of this year’s Art of Recovery program and continue to share their artwork in Life Chat.

The LIFE CHAT newsletter was published three times, the May 2022 issue included the in-person return of the Art of Recovery annual event, it was the first Art of Recovery curated by the new Expressive Arts Administrator, Michelle Morton, as well as a debut at a new venue location – the Akron Art Museum.

Inclusion & Diversity

As the Inclusion and Diversity Committee considered current national and local concerns, it was determined that the committee would update its focus. In FY22, the Justice, Equity, Diversity, and Inclusion (JEDI) committee was launched. The committee also revisited its leadership. In the summer of 2022, two co-chairs were identified to lead the JEDI committee. The JEDI committee is reevaluating its efforts to determine the most effective way to effect change in the agency.

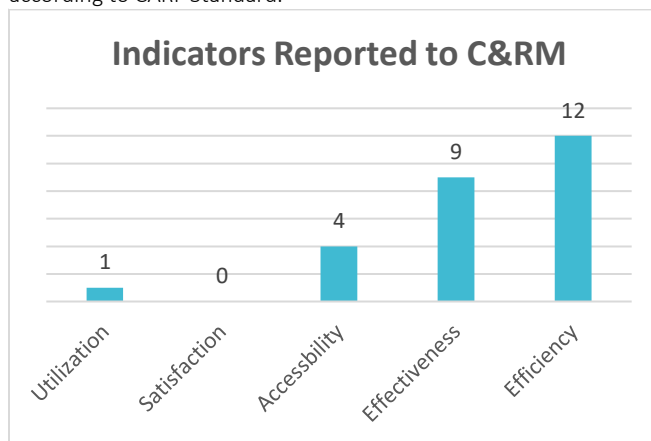
Compliance & Risk Management (C&RM)

The Compliance and Risk Management (C&RM) Committee continued to meet quarterly throughout FY 2022 to review twenty-six (26) indicators related to clinical documentation and utilization for compliance to established clinical best practices and agency’s policies and procedures (see Figure 13).

The quarterly Case Note review was continued in FY 22 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 June 2022, 76% of all staff reviewed have met medical necessity standards.

Figure 13. Number of indicators reported to C&RM during FY 2022 according to CARF Standard.



Credentialing

The Credentialing Committee provides oversight to the establishment and renewal of clinical privileges under FQHC guidelines. In FY 2022, sixty-seven (67) providers had their licenses renewed and ten (10) 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 FY22, the committee oversaw employee recognition and retention events such as, Executive Barbeque, Ice Cream Social, multiple Food Truck events and has plans to resume annual the end-of-year celebration. The committee's Superstar Awards (FKA Catch the Spirit Awards) were awarded on 113 occasions (in the 12-month period.)

The committee continues to seek improvements in the ability to engage and include all satellite locations.

WHO WE SERVE

Agency Caseload

Community Support Services, Inc. provided billable services to 3,991 unique individuals during FY 2022.

At the end of FY 2022, there were 3,815 clients on the agency’s caseload (see Figure 14).

During the first half of the year the agency’s active status caseload was maintained while by the end of Q4, the referral status cases increased significantly (see figures 15 & 16). Overall, on average, there were 234 new agency *active* admissions each quarter during FY 2022; this is a 7% overall increase in quarterly new admissions as compared to the prior year.

There has been a noted increase in clients who are receiving only psychiatry services. When there is a demonstrated need for case management, a referral can be submitted, and a Community Rehabilitation Specialist can be assigned.

Figure 14. Agency Active and Referral Status Caseload (FY 2022- Calendar Year 2015.)

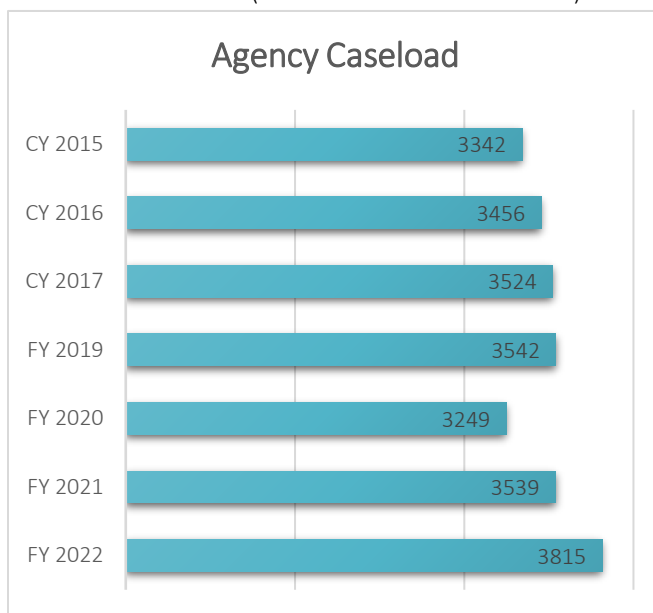


Figure 15. Active Case Activity During FY 2022

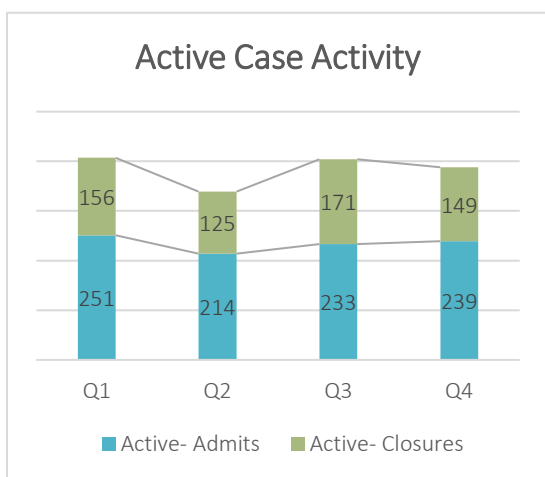
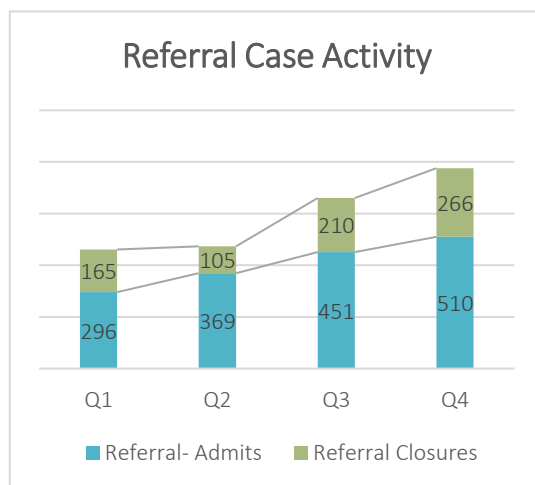


Figure 16. Referral Case Activity During FY 2022



Service Provision & Agency Staff

As of July 2022, the agency employed approximately 289 employees. 76% were direct service providers while the remaining, work in administrative and support staff roles (see Figure 17.)

Figure 17. Agency Staff July 2022

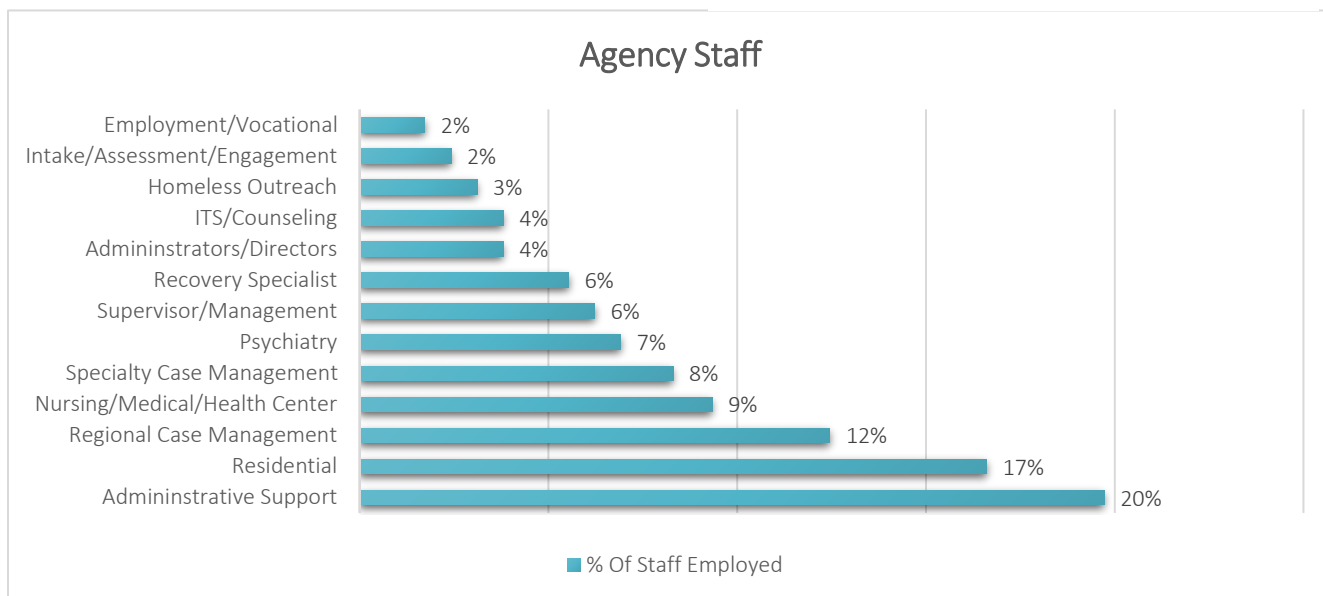
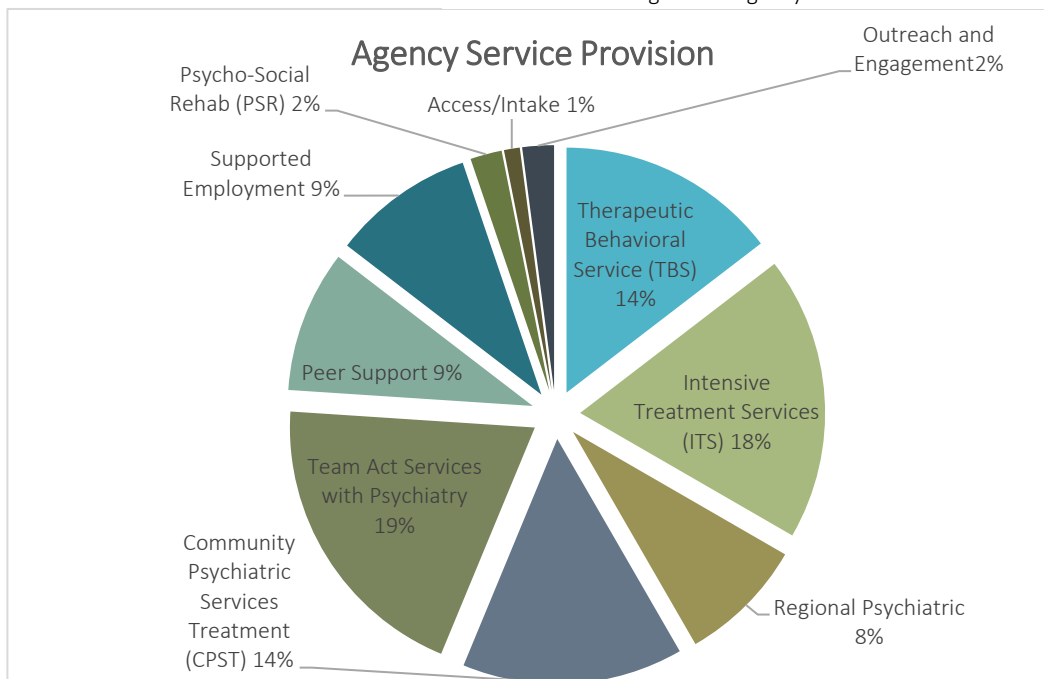


Figure 18. Agency Service Provision FY 2022

During FY 2022, 20% of billed services provided to clients were delivered via telehealth, 63% were provided at a CSS/Satellite location and 17% were offered in the community.



Service provision (based on the total duration of a billed service) in FY 2022 demonstrates that the bulk of agency services (35%) can be found among case management services (PSR, TBS and CPST) see Figure 18.

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 (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”. 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.

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

Figure 19. Client's Age Gender; FY 2022

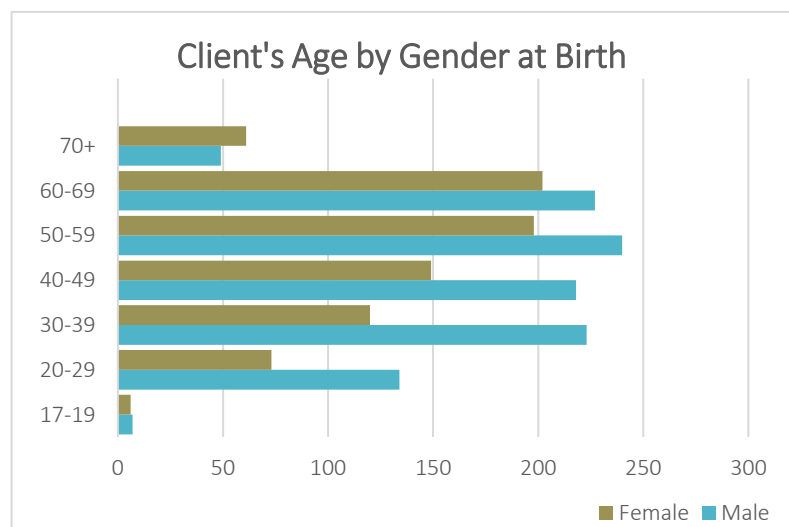


Figure 20. Client's Race: FY 2022

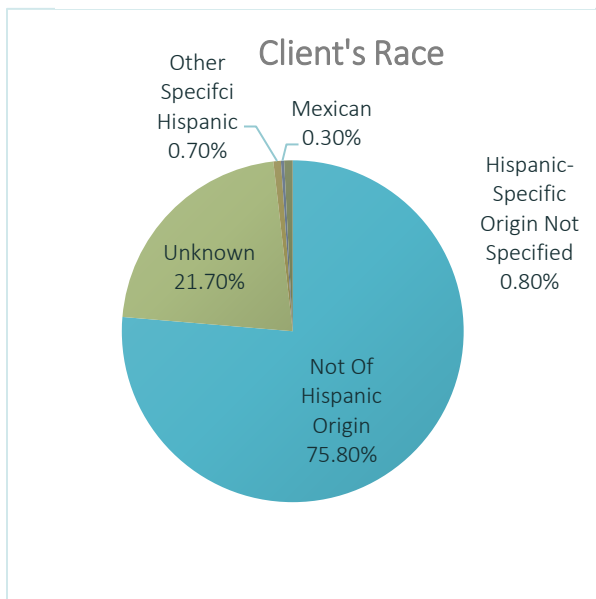


Figure 21. Client's Ethnicity; FY 2022

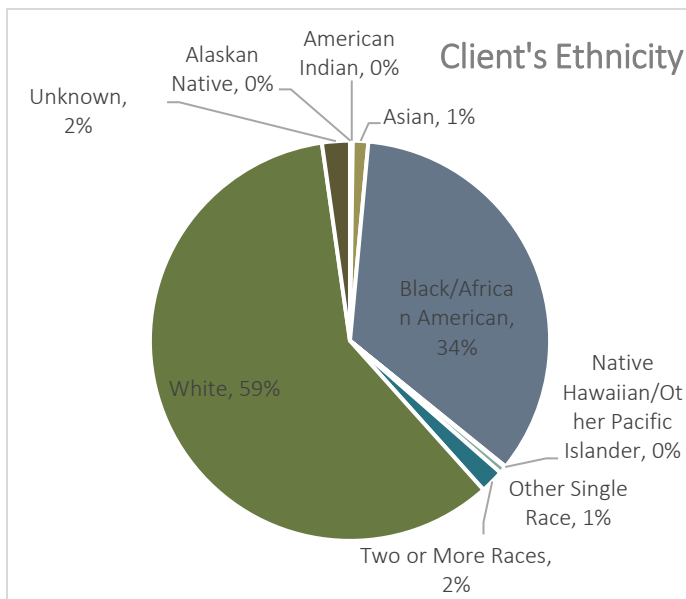


Figure 22. Client's Relationship Status; FY 2022

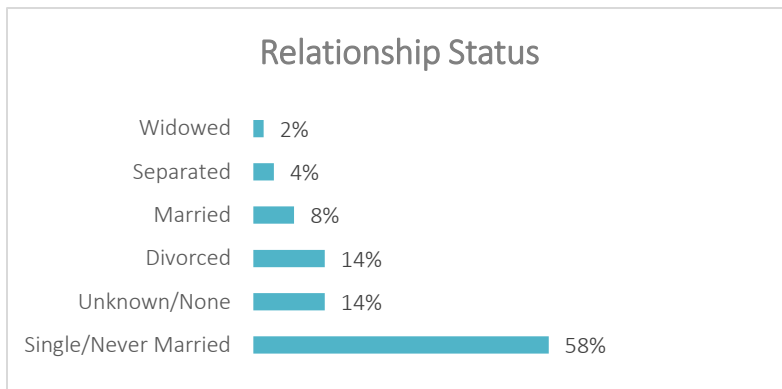


Table 6. Client's Insurance Source; July 2022

Client's Insurance Source	% of Clients
No Insurance	1%
Medicaid	41%
Medicare	34%
Dual Eligible Medicaid/Medicare	24%
Private Insurance	4%

In FY 2022, the agency caseload was 58% Males who were typically over the age of 40 (see Figure 19.). An agency wide effort continued in FY 2022 to obtain and record meaningful demographic information for clients services. In FY23, there will be greater emphasis on obtaining and reporting demographics and a review of potential disparities among different populations.

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 July 2022 month-end data. Table 6 reflects, most clients are beneficiaries of managed health care services through Medicaid. Table 7 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](#)

Table 7. Number of Clients based on Percentage of Poverty Guidelines; July 2022

Income % of Poverty Guideline	% of Clients
=<100%	62%
101%-150%	7%
151%-200%	7%
200%+	2%
Unknown	28%

Housing

Clients reside throughout Summit County in a variety of residential settings. 62% of clients reside in independent living locations. See Table 8 for all the reported types of client residences. As figure 23 demonstrates, most clients are concentrated in Akron and the immediate surrounding communities.

Table 8. Residence Types; FY July 2022

Residence Type	% of Clients
<i>Independent Housing</i>	59%
<i>Relatives Home/ Other</i>	15%
<i>Homeless</i>	7%
<i>Skilled Nursing Facility</i>	4%
<i>Unknown</i>	6%
<i>State Licensed Residential ACF</i>	6%
<i>State Hospital/ Correctional Facility</i>	3%

Figure 23. Map of Summit County, Ohio, Client's geographic location: FY 2022

Northern Summit County 2%

