



# COMMUNITY SUPPORT SERVICES

Behavioral Healthcare  
& Wellness

## ANNUAL REPORT FY 2023

Community Support Services, Inc.

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July 1, 2022 to June 30, 2023

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## TO OUR STAKEHOLDERS



For 35 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 FY23, Community Support Services continued its efforts to support more than 4,000 clients to live and work in the community. The agency has seen a noted increase in requests for services. Community Support Services remains committed to providing high quality recovery-oriented services while remaining focused on the health, safety, and well-being of our clients and staff.

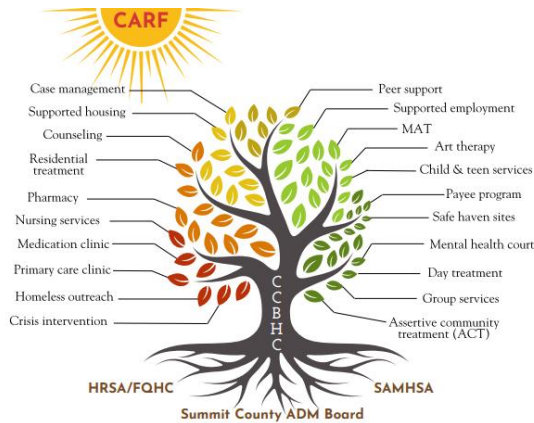
Annually, this report is presented to stakeholders of Community Support Services to highlight the agency's continuous performance monitoring and quality improvement. It offers a snapshot of the services and programs offered while providing an analysis of Quality Improvement initiatives and reported measures for FY23.

The agency introduced several initiatives to improve the quality of care, collaborate with other community agencies, increase client engagement and retention across the agency, acknowledge the impact health disparities have on individuals we serve, and strengthen the agency's financial position including the following:

- Implemented the Certified Community Behavioral Health Clinic (CCBHC) model.
- Conducted a Community Needs Assessment to identify barriers to treatment, health disparities, at-risk population(s) and identify CCBHC staffing needs unique to the CCBHC model.
- Completed a Disparity Impact Statement.
- Established relationships with Designated Collaborating Organizations (DCO) to assist the agency in meeting the needs of individuals under the CCBHC Model.
- Continued agency-wide efforts to be a trauma informed organization.
- Partnered with the Summit County ADM Board and Portage Path Behavioral Health to strengthen relationships with hospitals to provide better continuity of care and discharge planning for clients experiencing psychiatric hospitalization.
- Participated in Zero Suicide, a transformational Framework for Health and Behavioral Care Systems to prevent all suicide deaths.

- Engaged with Case Western Reserve University, the Summit County ADM Board, and other local providers in an initiative to strengthen services for individuals with co-occurring disorders.
- Reported and met Value Based Purchasing (VBP) measures through the Summit County ADM Board.
- Provided Recovery Enhancement Practices (REP) training to all new case managers.

# CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTER (CCBHC)



Community Support Services is a Certified Community Behavioral Health Clinic. The CCBHC model is “designed to ensure access to coordinated comprehensive

behavioral health care” (SAMHSA, 2023). As a CCBHC, the agency provides care to the whole-person and deep dives into the social drivers of mental illnesses and substance use disorders. As a CCBHC, CSS will continue to provide innovative treatment for people with serious and persistent mental illness. It also introduces new services to the organization, including child and adolescent behavioral health and enhanced substance use disorder treatment options. Being awarded this highly competitive grant, solidified CSS as a leader in integrated behavioral and physical healthcare in Northeast Ohio.

As a CCBHC, the agency is required to serve anyone who requests services for mental health or substance use, regardless of ability to pay, place of residence, or age- including developmentally appropriate care for children and youth. Within the first year of the grant (10/1/22-9/30/23), the agency must provide nine core-services, with 51% of the services being provided “in-house”, meaning directly by our agency. Community Support Services provides all required services; however, formal partnerships have been established with several Designated Collaborating Organizations (DCOs) to provide seamless coordinate care for the community.

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



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

-CCBHC Mid-Year Programmatic Report



Early in FY 2023, the agency conducted a Community Needs Assessment as part of the agency’s quality improvement efforts. This Community Needs Assessment will be reviewed on an on-going basis to ensure the agency has established and implemented training opportunities, staffing plans, and program services that meet the needs of the population.

To be recognized as a CCBHC, the agency is required to submit an attestation to SAMSHA demonstrating how it meets the CCBHC Certification Criteria. While the Quality Improvement Plan (QIP) currently integrates many required elements outlined in the CCBHC Certification Criteria, the following measures will be added to the QIP:

1. Deaths by suicide or suicide attempts
2. Fatal and non-fatal overdoses
3. All-cause mortality
4. 30-day hospital readmission for psychiatric or SUD
5. CCBHC Quality Measures
6. Project specific goals
7. Health Disparities goals as outlined in the Disparity Impact Statement

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

Table 1 CCBHC Goals (FY 2023)

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

# PROGRAMS AND SERVICES

## INTAKE SERVICES

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

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

## THE ASSISTED OUTPATIENT TREATMENT PROGRAM

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

## CRISIS INTERVENTION (CIT) SERVICES

This program service provides immediate intervention for individuals who may be experiencing acute mental health symptoms. CIT staff collaborates with local police departments and the Summit County



Sherriff 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.

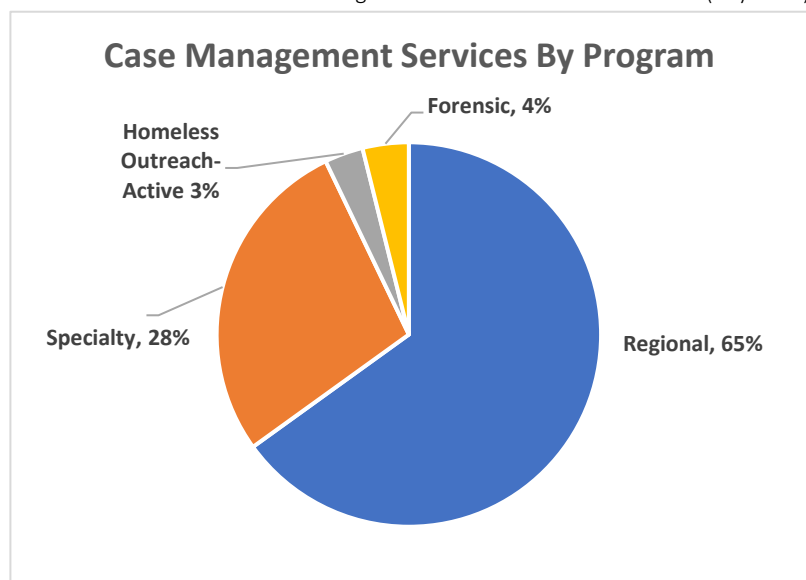
### PEER SUPPORT SERVICES

Peer Support Services offer an opportunity for mental health consumers to receive assistance from someone with lived experience. Peer/Recovery Specialists, model recovery, teach from personal experience and offer support to clients to assist them in achieving success in their own recovery. The agency’s Recovery Specialists are certified by the Ohio Department of Mental Health and Addiction Services. Peer-based services are available across the agency and are represented in most clinical settings. During FY 2023, the agency employed sixteen (16) Recovery Specialists who provided over 4,500 hours of service.

### REGIONAL CASE MANAGEMENT SERVICES

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

Figure 1- Active Caseload Distribution (July 2023)



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

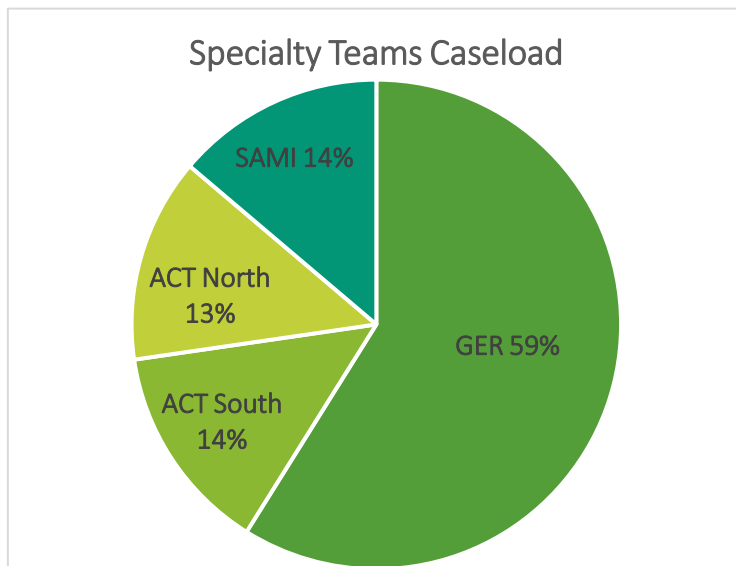
Each regional team has an Engagement Specialist identified to provide **Engagement Services** and outreach case management using various resources to locate and engage clients who have not consistently participated in treatment. Once re-engaged, clients learn to minimize treatment barriers and are transitioned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

### SPECIALIZED CASE MANAGEMENT SERVICES

The **Substance Abuse and Mental Illness Program of ACT (SAMI-PACT)** and **Assertive Community Treatment Teams (ACT North 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 2023)



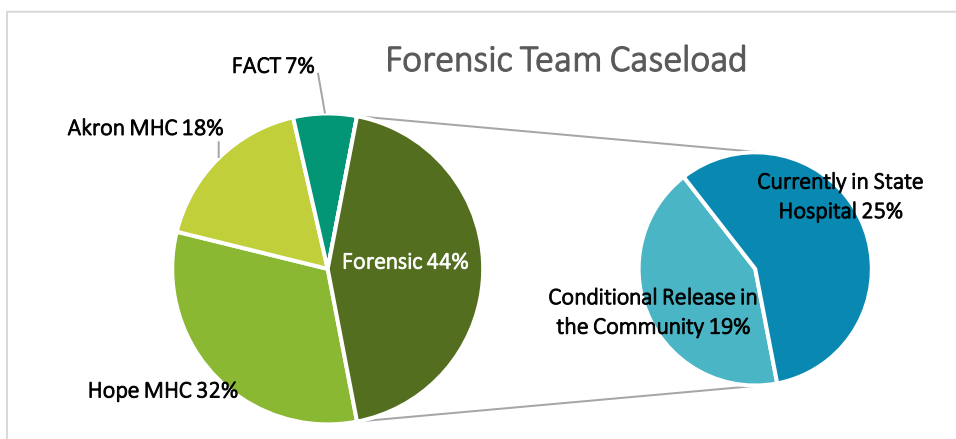
**The Geriatric and Long-Term Care** team strives to ensure the highest quality of life for older adults. This specialized team includes Community Rehabilitation Specialists, Geriatric Psychiatrists, Advanced Practice Nurse and Long-Term Care Services. Comprehensive treatment and mental health evaluations 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. Recognizing a need for further support for the older adults, the agency is establishing a Geriatric ACT team.

## 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 2023)



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, Child Guidance & Family Solutions, CHC Addiction Services, and Portage Path Behavioral Health.

Supported Employment (SE), an evidence-based practice, emphasizes consumer preferences, rapid job search and placement, integration with mental health services, benefits advocacy, and time-unlimited supports to help persons with mental

### Supported Employment FY 2023

Number of new job starts	82
Average Hourly Wage	\$13.36
Average number of hours per week	22.5

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

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

## RESIDENTIAL SERVICES

Residential Services includes **Residential Treatment and Supportive Housing** facilities (see Figure 4 for FY 2023 Census).

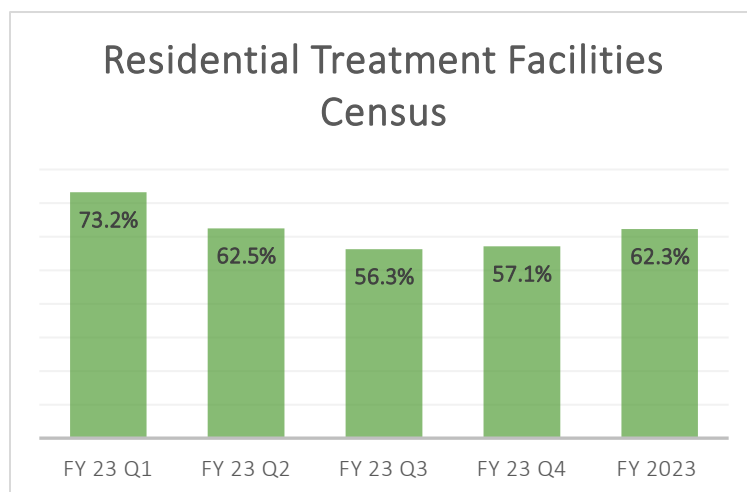
The agency operates three residential treatment (Type 1) sites, licensed by the Ohio Department of Mental Health and Addiction Services.

Under the Housing First model, the agency has several programs, including the Safe Haven facilities. The agency offers two Safe Haven facilities which are intended to

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

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

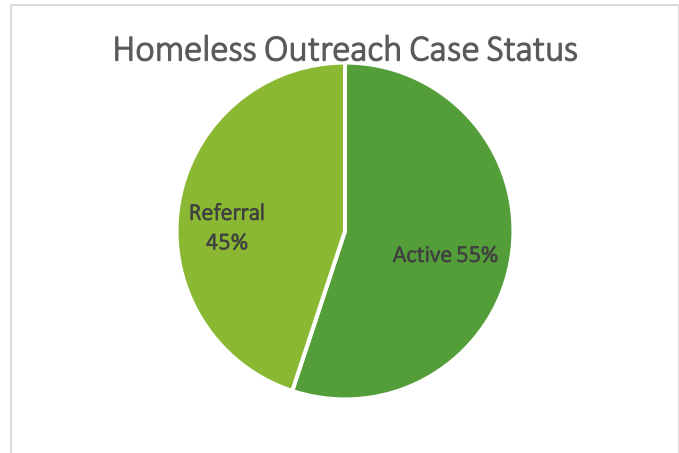
Figure 4- Residential Treatment Census (July 2023)



## 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 2023)



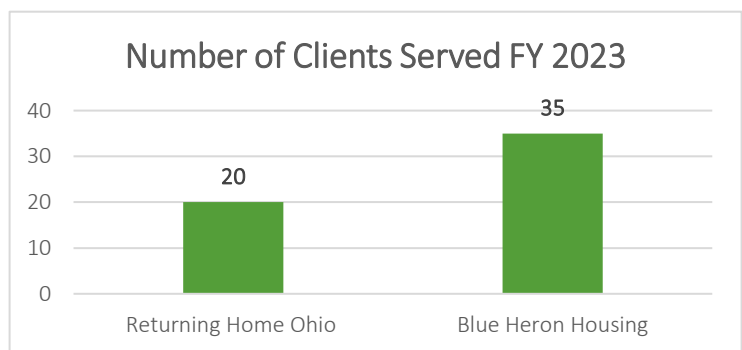
### Supportive Services for Veteran Families

(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.

“The help and compassion I received were beyond humbling...I went from a 3-day eviction to a permanent home. Thank you does not suffice...”  
*SSVF Client*

**Returning Home Ohio (RHO)** is a permanent supportive housing program created in collaboration with the Ohio Department of Rehabilitation and Correction (ODRC) and Corporation for Supportive Housing (CSH) to provide opportunities for successful community reintegration thereby reducing recidivism and homelessness. Persons with justice system involvement qualify for the program when they are released from ODRC state institutions and are identified as unhoused or at risk of being unhoused upon release and fall into one of two categories: 1) Severe and persistent mental illness (SPMI) with or without a co-occurring

Figure 6- RHO/BLH Clients Served (FY 2023)



disorder; 2) HIV with or without a SPMI. Targeted referrals are those most likely to require supportive services to maintain housing and stability. Referrals are also accepted from community providers 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 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** which serves as an alternative to inpatient hospitalization and provides education regarding mental illnesses as well as assists individuals in processing current stressors.

Art Therapy Services FY 2023	
Number of Individuals Served	33

**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** offers clients an opportunity to identify goals and potential solutions to challenges. Through counseling services, there is an effort to strengthen coping skills while promoting behavior change and optimal mental health.

# CLIENT RIGHTS AND ADVOCACY

One hundred and twenty (120) complaints were filed in FY 2023 (see Table 2), a noted decrease from 186 complaints recorded in FY 2022. The decrease in complaints was most notable among case management, residential and finance/payee services.

Table 2- Client Grievances by Subject (FY 2023)

Subject/Department	FY2023	FY2022	FY2021	FY2020
Another Client	2	0	0	3
Case Management	60	83	73	56
Payee/Finance	15	29	31	32
Health Center (Psych)	14	18	24	20
Health Center (PCC)	5	6	1	1
Front Desk Support	0	0	0	1
Residential Treatment	9	17	4	4
Residential Other	0	8	3	5
Employment	1	1	0	0
Whole agency	9	10	14	6
Outside Agency	0	12	8	0
Homeless Outreach	2	0	1	1
ITS/Counseling	3	2	3	0
Billing	0	0	0	0
Other	0	0	1	7
<b>TOTAL</b>	<b>120</b>	<b>186</b>	<b>165</b>	<b>136</b>

During FY23, 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 6 calendar days from the receipt of the grievance.

78% of all complaints received during FY 2023 were submitted by agency clients. Family/Guardians comprised 17%, 3% were from agency staff and 2% were from outside the agency.

Typically, complaints (14) categorized under the Health Center Psychiatric category were requests for a change in psychiatric provider. Although some concerns were noted to be inquiries of a clinical nature. These types of concerns were relayed to psychiatric providers and clients were encouraged to discuss concerns directly with their providers and nurses. First time requests for a change in provider were



routinely honored. All requests for a new provider were shared with the agency's Medical Director and/or the Director of Health Center Integration.

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

In FY23, a continued effort was made to refer any inquiries that were not client rights related to the appropriate department staff and/or supervisor to address the issue directly with the client. For example, payee-related inquiries were promptly referred to the Benefits Specialist and questions related to case management services were forwarded to the assigned case manager and/or clinical supervisor for further action.

20% of all complaints were resolved/addressed by providing an explanation to the complainant with no further follow-up warranted. 17% of the complaints had some type of treatment revision(s) as a final resolution, 43% 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 18% of complaints were withdrawn and no further action was necessary.

# HEALTH CENTER SERVICES

## Federally Qualified Health Center (FQHC-LA)

<p>As a FQHC Look Alike, Community Support Services continues to be evaluated on several measures (see Table 3.) emphasizing health outcomes and the value of care delivered.</p> <p><b>Patient Satisfaction</b></p> <p>In 2023, more than 90% of Health Center patient satisfaction survey respondents reported they had received Health Center services for more than 1 year. 77% of these respondents reported their “health has improved since coming to the Community Support Services Health Center.” Other areas of high patient satisfaction included confidentiality and privacy practices, prompt return of phone calls, location and accessibility, clinic hours, staff interaction, facility cleanliness, accessibility and ability to get a prompt appointment.</p>	<p style="text-align: center;"><i>“I like it because they make me feel welcome, the staff listens and location is good for me.” - Health Center Patient</i></p> <p><b>Performance Measures</b></p> <p>Performance measures align with national standards commonly used by Medicare, Medicaid, health insurance, and managed care organizations. Annually, the agency is required to submit the Uniform Data System (UDS) report. The UDS is a comprehensive standardized reporting system providing consistent data about health centers and look-alikes.</p>
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Table 3 Annual Performance Measures (CY 2022-2020)	Goal	2022	2021	2020
QUALITY OF CARE MEASURE				
<b>Preventive Health Screening &amp; Services:</b> Cervical Cancer Screening	56%	<b>19.24%</b>	16.14%	18.8%
Breast Cancer Screening	45%	<b>27.89%</b>	22.57%	6.7%
Body Mass Index (BMI) Screening and Follow-up	56%	<b>79.60%</b>	72.98%	28.5%
Tobacco Use Screening & Cessation Intervention	81%	<b>86.72%</b>	84.79%	64.4%
Colorectal Cancer Screening	34%	<b>5.91%</b>	7.84%	6.4%
Screening for Clinical Depression & Follow-up Plan	50%	<b>11.70%</b>	7.22%	.15%

QUALITY IMPROVEMENT & COMPLIANCE ANNUAL REPORT FY 2023

QUALITY OF CARE MEASURE	Goal	2022	2021	2020
<b>Chronic Disease Management:</b>				
Coronary Artery Disease (CAD): Lipid Therapy	78%	<b>77.98%</b>	77.54%	53.1%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	76%	<b>75.00%</b>	86.67%	50.0%
High Blood Pressure (Hypertensive Patients with Blood Pressure <140/90)	63%	<b>63.18%</b>	61.05%	40.9%
Diabetes: Hemoglobin A1c Poor Control (Diabetic Patients with HbA1c>9% or No Test During Year)	15%	<b>16.67%</b>	21.30%	36.2%
*HIV Screening	25%	<b>19.44%</b>	17.75%	0.004%
HIV Linkage to Care	100%	<b>100%</b>	100%	0.0%

# QUALITY IMPROVEMENT & COMPLIANCE PROGRAM

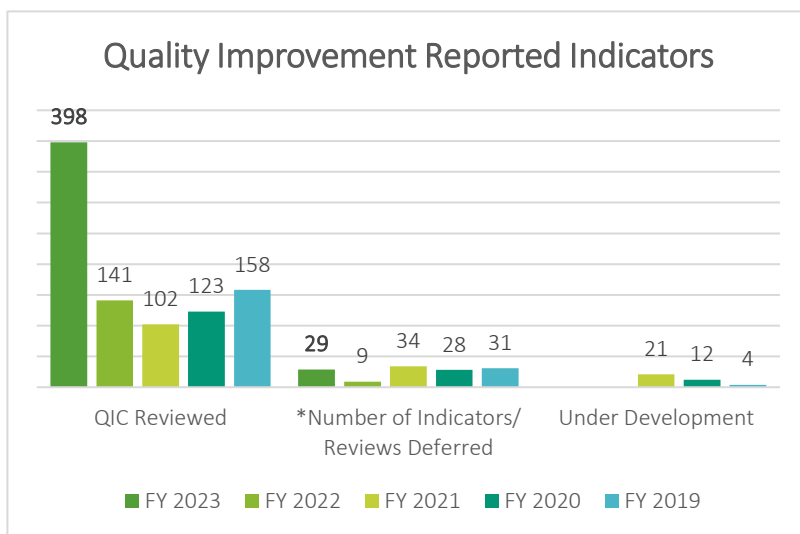
## About

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 23, there were sixty-three (63) unique committee members contributing to the work and activities of eight (8) 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, three-hundred and ninety-eight (398) outcome indicators were reviewed by the QIC in FY 2023 (see Figure 7). The number

Figure 7. QI Reported Indicators (FY 2023 – 2019)



of planned indicators grew significantly in FY 23 due to external reporting requirements by the agency funding sources. 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.

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

Table 4). Approximately 100 of the reported indicators were part of our FY 2023 Value Based Purchasing (VBP) requirements, while more than 200 were newly added in FY 2023, as quarterly Program Treatment Outcome measures.

Table 4 QI Plan Indicators by key area category (FY 2023)

Twenty-nine planned indicators were deferred. Deferred indicators are placed under further review for redevelopment and/or removal from the FY 2024 Quality Improvement Plan.

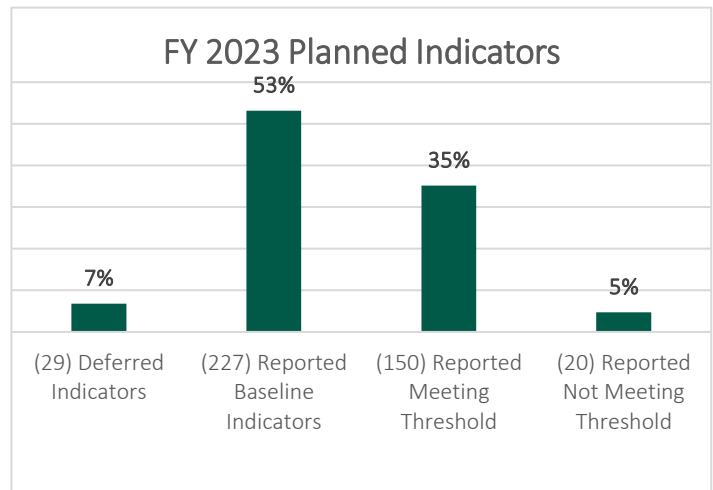
Fifty-three percent (53%) of all reported measures (see figure 8) in FY 2023 provided baseline data, while thirty-five percent (35%) had quantifiable targets, and were reported to have met and/or exceeded expectations.

Indicators not meeting 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.

INDICATOR CATEGORY	NUMBER OF PLANNED INDICATORS	
	Reported	Deferred
<i>Efficiency</i>	87	5
<i>Effectiveness</i>	182	6
<i>Accessibility</i>	122	17
<i>Satisfaction</i>	5	1
<i>Peer Review</i>	1	0
<i>Target/Compliance</i>	1	0
<b>Total</b>	<b>398</b>	<b>29</b>

During the year, case file reviews were completed as scheduled. The Quarterly Compliance review was completed to provide a comprehensive quarterly review of program services and coordination of care based on regional and specialty team assignment. Several utilization and target reviews were also conducted to provide further baseline reporting. These baseline reports help in the development of meaningful indicators for Quality Improvement monitoring in FY 2023. Feedback from these reviews are shared in

Figure 8 Reported QI Indicator Improvement (FY 2023)



aggregate form to assist with quality improvement efforts while client and staff specific information is shared with the appropriate management staff for follow-up.

Throughout FY 2023, Quality Improvement’s focus on reporting agency-wide population outcomes continued. Below are quarterly averages for agency-wide outcomes that were reported during FY 2023 (see Table 5.). These measures were part VBP indicators and were reported during FY 2023 to the Summit County Alcohol, Drug Addiction & Mental Health Services Board (ADM).

Also, part of the VBP indicators, CSS continued to engage newly hired case management providers in the Recovery Enhancement Practices (REP) for Psychosis informed by CBT-p. This innovative training process, with oversight from the BeST Center and financial support from the Summit County ADM Board, assists Community Rehabilitation Specialists to develop engagement skills. There is an emphasis on learning about the signs and symptoms of schizophrenia and related disorders as well as the function of normalization in the treatment process. In FY 2023, three staff were recognized as new graduates of the 8-month intensive training.

In addition, the agency also began reporting baseline quarterly Program Treatment Outcomes for eleven (11) programs, including: Supported Employment, Residential, Homeless Outreach, Day Treatment, Crisis Intervention, Hospital Navigator, Assertive Community Treatment (ACT), Agency Full Service, Forensic Assertive Community Treatment (FACT), Forensic, and Mental Health Court (Akron & Stow).

Table 5 Reported VBP Indicators (FY 2023)

<i>VBP Indicator</i>	<i>Threshold</i>	<i>FY 2023</i>
<i>Average Number of Days from Request for agency intake to agency intake completed</i>	<b>12 Days</b>	6.3 Days
<i>Average number of days from Agency Intake to first appointment</i>	<b>15 days</b>	10.1 Days
<i>Successfully kept first appointment following agency intake</i>	<b>=&gt;68%</b>	69.7%
<i>Average number of days from psychiatric hospital discharge to medication management appt</i>	<b>7 Days</b>	5.0 Days
<i>Agency caseload seen by a treatment team provider in the last 90 days</i>	<b>90%</b>	94.7%

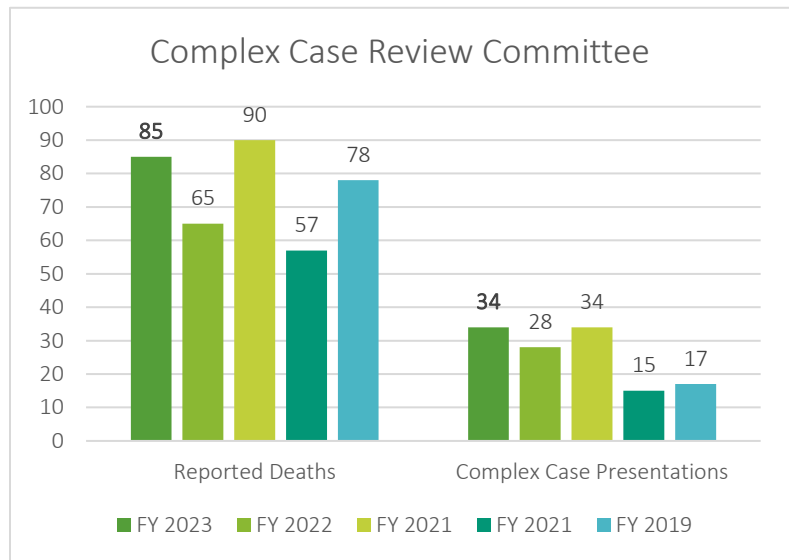
# QUALITY IMPROVEMENT & COMPLIANCE PROGRAM SUB-COMMITTEES

## Complex Case Review (CCR)

In FY 2023, the committee’s name was changed from Client Care Monitoring to Complex Case Review. As the agency strives to infuse the principals of trauma informed care across the organization, language matters. The change of the name of the committee acknowledges the complex nature of the case presentations reviewed by the committee. When treatment teams are challenged with clients with complex needs the Complex Case Review Committee meets to assist with the identification of different strategies to support the clients’ treatment and to offer support to the treatment providers. The committee is also responsible for the oversight of the agency deaths. When indicated, a case review may be conducted to determine opportunities for improvement.

Figure 11. Client Deaths and Challenging Cases Presented (FY 2023)

Thirty-four (34) clients were presented to the Complex Case Review. This remains a significant increase from prior years (see Figure 13). Seventy (85) deaths were reported this year (See Figure 11).



The complex cases reviewed during FY 2023 continue to present with various issues related to trauma, substance use, threatening behavior, and significant mental health symptoms. All committee case recommendations were completed.

Of the Eighty-five (85) deaths; forty (40) were from natural causes, twenty-six (26) were unknown causes, nine (9) were confirmed/suspected drug overdoses, five (5) were suicides and four (4) were determined accidental.

## Staff Training & Education (ST&E)

In FY23, the Staff Training and Education (ST&E) committee provided nine (9) internal education opportunities and offered 5.5 continuing education units.

Trainings included:

- Leadership (3 sessions)
- Community Action- Energy Assistance
- Desert & Learn for CCBHC Designated Collaborating Organizations
- Summit County Health Department-Bed Bug training
- Introduction to Recovery Enhancement Practices for ACT providers
- Fair Housing
- Recognizing/Responding to Sexually Inappropriate Behaviors

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

The agency's rigorous training plan relies in part on Relias, an online training provider. Relias offers licensed staff an opportunity to complete continuing education credits. Additionally, the courses available through Relias help to support the training needs of agency staff. For FY 2023, 2,795 hours of web-based training was completed.

Agency staff continue to participate in virtual training. There has also been a return to in-person training. To monitor staff's attendance at off-site and external provider trainings, a process to track training activity was implemented in FY 2023. Information obtained from this tracking process will permit the agency to better understand the interests of all staff in regard to training and career development.

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



## Health & Safety (H&S)

The Safety Director and the Director of Quality & Compliance reviewed two hundred and ninety-six (296) Non-Death Related Major Unusual Incident (MUI) reports during FY 2023. Each incident is categorized as appropriate (see Table 6).

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

Table 6. Number of Reported Major Unusual Incidents (FY 2020 to FY 2023)

Non-Death Related MUI	FY 2023	FY 2022	FY 2021	FY 2020
Alarm	3	6	2	1
Alleged Abuse/Neglect	17	12	11	9
Alleged Criminal Activity	6	5	10	5
Alleged Sexual Assault	6	4	2	3
Auto Accident (Staff)	9	1	8	4
AWOL from Residential Treatment	8	8	3	5
Building Emergency	0	0	1	2
Fall	18	24	14	15
Illness	46	34	37	35
Infection Control	2	20	74	7
Injury	8	9	7	9
Medication Diversion	0	0	0	0
Medication Error	3	9	7	5
Medication Issue	6	2	4	6
Medication Missing/Unaccounted Medication	0	3	2	9
Mental Health Emergency	13	6	7	13
Non-Participation in Safety Drill	0	0	1	2
Other	25	39	26	33
Overdose	2	6	Not Reported	Not Reported

QUALITY IMPROVEMENT & COMPLIANCE ANNUAL REPORT FY 2023

Physical Aggression	30	20	15	17
Property Damage/Loss	14	9	14	14
Seizure	2	16	1	1
Selling Drugs on premises	0	0	1	1
Suicide Attempt	2	3	5	8
Suicide Threat	15	6	7	13
Suspected Substance Abuse	6	0	2	3
Verbal Aggression	50	44	51	34
Weapon	4	5	8	7

Overall, the number of reported incidents in comparison to FY 22 (291 non death related MUI) remained relatively stable. However, efforts were made by the committee to address some areas with significant increases.

During FY 23, there was a 66.67% decrease in overdoses reported. Increased efforts in FY 24 will be made to ensure that all cases of overdoses, fatal and non-fatal, are reported by staff across the agency. In both cases, emergency services were offered/requested and/or the poison control center was contacted. The agency is committed to having all staff complete Project Dawn Naloxone training. Towards the end of FY 23, agency-wide efforts were underway to assign Narcan training and equip all community providers with Nasal Spray Narcan. In addition, Narcan stations have been installed in both buildings at the agency’s main campus and at all satellite locations. Beginning in FY 24, the Health and Safety committee will begin monitoring and tracking the completion of monthly inspections of Narcan stations.

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. All new staff are required to complete 14 hours of Pro-ACT training within 90 days of hire. A refresher training on De-Escalation was offered to all staff and will continue to be available in FY 24.

In FY23, discussions continued regarding directing an Active Shooter drill. An action plan was developed in FY 2022 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 continued to be refined in FY 23 with the goal of holding the emergency drill in FY 2024. In addition, Active Shooter training through Relias continues to be assigned to all staff, with over 95% compliance.

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

### **Compliance, Outcomes & Research (COR)**

The Compliance & Risk Management merged with Research and Outcomes to form the Compliance, Outcomes and Research committee - COR. The committee continued to meet quarterly throughout FY 2023 to review all VBP, Program Treatment Outcomes and target reviews related to clinical documentation and utilization for compliance to established clinical best practices and agency policies and procedures (see Figure 13).

The quarterly Case Note review was continued in FY 23 and monitored documentation for all CPST, TBS and PSR providers, to ensure documentation meets medical necessity standards, and is consistent with agency processes and funding standards. Staff that are identified as not meeting medical necessity are subject to review again in six (6) months.

Quarterly compliance review audits continued throughout FY 2023, reporting on compliance related indicators such as treatment planning and consent for treatment as well as Quality of Care measure, including assessment and level of care.

### **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 2023, four (4) RAC meetings were held with both in-person attendance and via Zoom.

Committee activity included review and feedback of post-discharge and satisfaction surveys. A Needs Assessment was also conducted during the February '23 meeting, which collected information from 9 participants (3 males, 6 females which incorporated 6 clients and 3 family members). Discussion consisted of defining objectives such as demographics, special populations, social determinants, service gaps/unmet needs of services and barriers to receiving services.

Meetings also included dialogue focusing on the implementation of the CCBHC program, recovery-oriented language and its impact on treatment, and the identification of one member to represent RAC during future Board of Directors meetings. Health Care Center clients also continued to share feedback on their services rendered during each meeting and representatives from METRO participated in the February 2023 meeting to discuss the upcoming changes in Metro routes and to solicit feedback from those in attendance.

In FY 2023, 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 annual event held at the Akron Art Museum. Participants also continue to share their artistic expressions in the Life Chat Newsletter, which was published three times.

### **Justice, Equality, Diversity & Inclusion (JEDI)**

During FY 2023 the JEDI committee wanted to encourage the asking of questions rather than passing judgement or assumptions. Through this approach, the JEDI Committee hosted several media events. At each event, a 10-15 minute video was played that discussed different aspects of culture and the groups discussed what was observed. Emails were sent to all staff with information about social justice topics. The JEDI Committee hosted its first annual Juneteenth Potluck that had lots of popular foods and drinks made during Juneteenth. A video played during the event and bracelets with information were distributed to all staff.

### **Credentialing**

The Credentialing Committee provides oversight to the establishment and renewal of clinical privileges under FQHC guidelines. In FY 2023, sixty-seven (28) 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 FY23, 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 were awarded on 286 occasions.

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 over 4,000 unique individuals during FY 2023.

Figure 14. Agency Active and Referral Status Caseload (FY 2023- Calendar Year 2015.)

At the end of FY 2023, there were 4,212 clients on the agency’s caseload (see Figure 14).

On average, during FY 2023 the agency had 266 new admissions per quarter (see figure 15). This is a 14%

overall increase in quarterly new admissions as compared to the prior year's average.

There continues to be an increase in clients who are receiving psychiatry services and primary care services only. When there is a demonstrated need for case management, a referral can be submitted, and a Community Rehabilitation Specialist can be assigned.

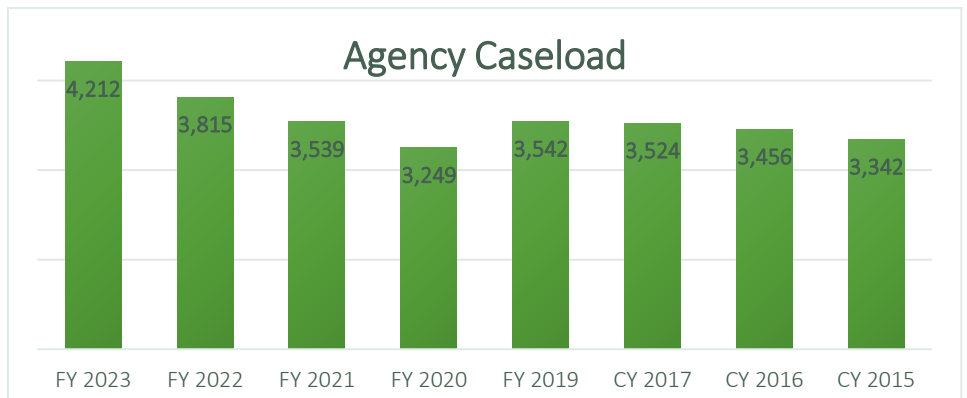


Figure 15. Active Case Activity During FY 2023

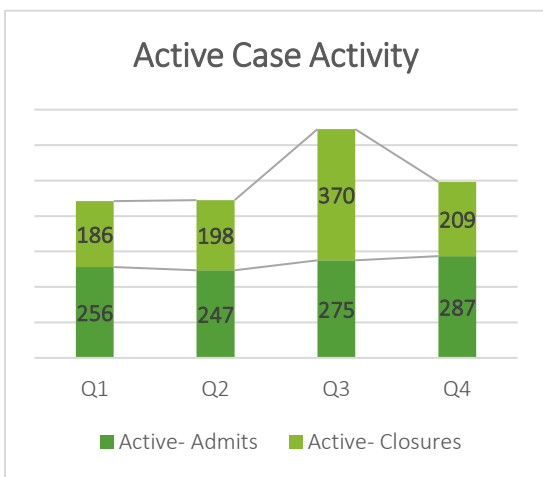
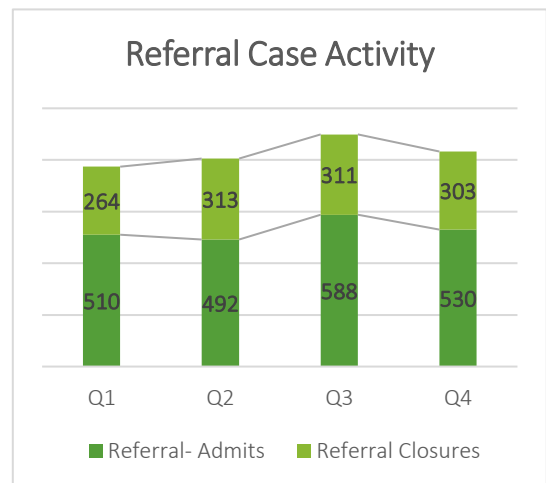


Figure 16. Referral Case Activity During FY 2023



## Service Provision & Agency Staff

As of July 2023, the agency employed approximately 295 employees. 76% were direct service providers while the remaining work in administrative and support staff roles (see Figure 17).

Figure 17. Agency Staff July 2023

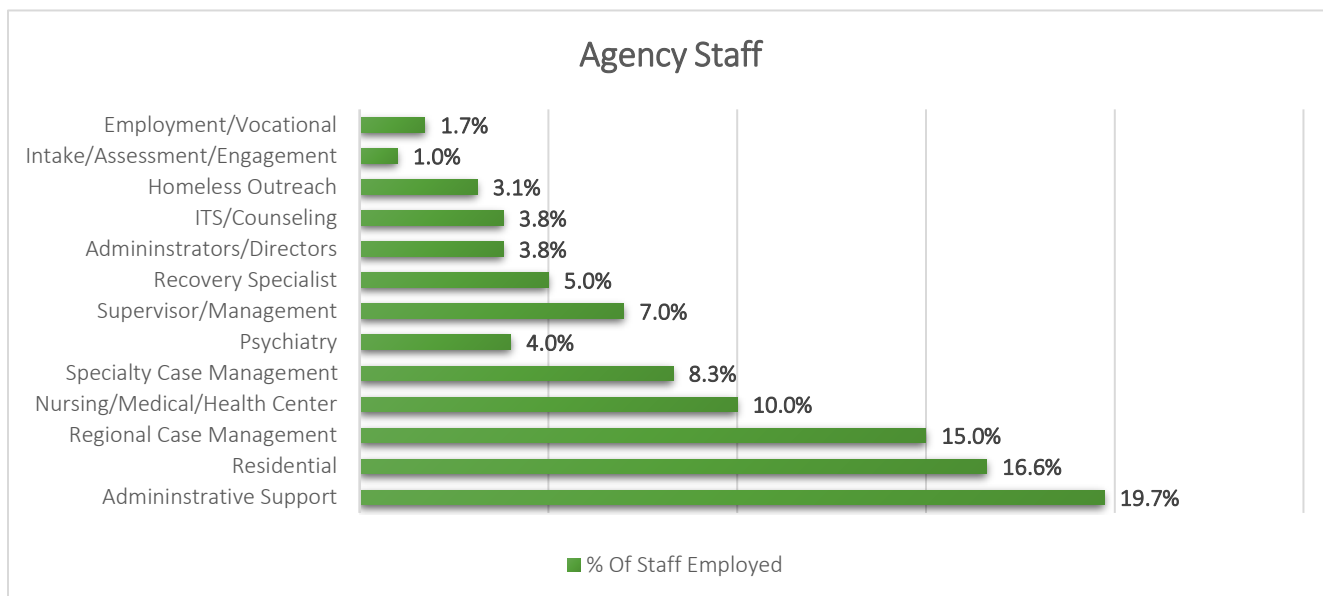
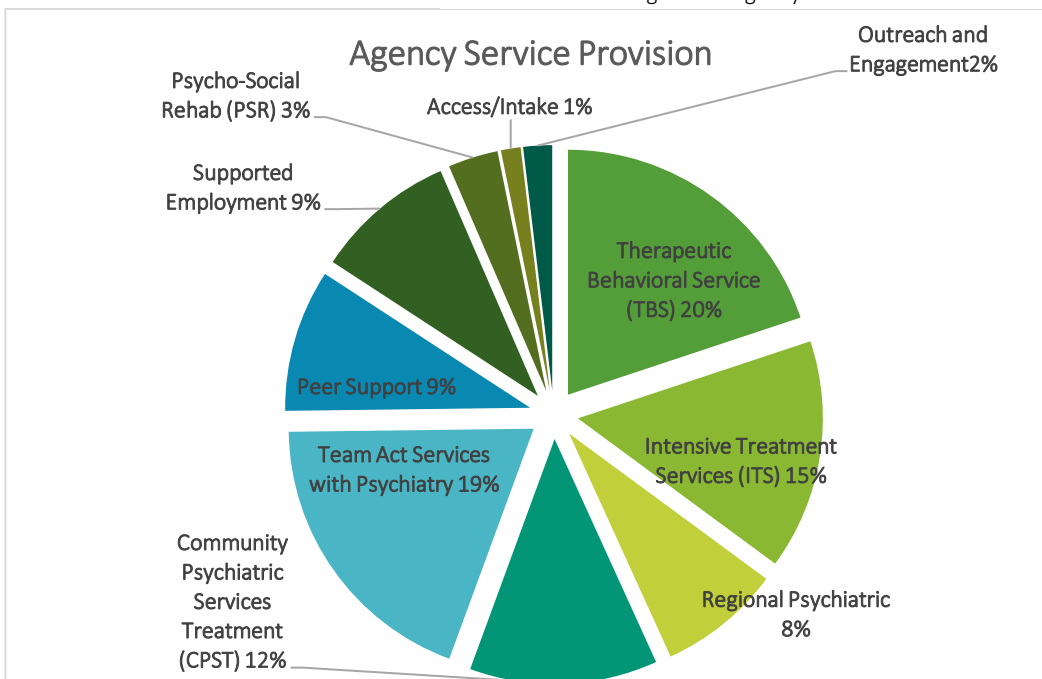


Figure 18. Agency Service Provision FY 2023

An 8% decrease from FY 2022 was noted in telehealth services. During FY 2023, telehealth services accounted for just 12% of all clients' direct service contacts (FY 2022 reported 20%), 72% were provided at



CSS/Satellite locations and 16% were offered in the community.

Service provision

(based on the total duration of a billed service in FY 2023) continues to demonstrate that the bulk of agency services (36%) can be found among case management services - PSR, TBS and CPST (see Figure 18).

### Client Diagnosis

The 2022 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA), reported an estimated 57.8 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”. Also, according to the 2022 NSDUH report, “14.1 million adults are identified as having SMI: representative of 5.5% of all US adults.

Table 7 shows the percentage of clients seen based on the diagnostic category for Substance Use and Mental Health.

Table 7. Percentage of clients seen by ICD-10-CM Code (FY 2023)

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

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

provide psychiatry, primary care, and counseling to those with less severe mental illnesses.



## Client Demographics

According to the United States Census Quick Facts online report ([U.S. Census Bureau QuickFacts: United States](https://www.census.gov/quickfacts/US)) the Summit county, Ohio population estimate for 2022 was 535,882 of which, 51.2% are female, 54.6% are between the ages of 18 and 65 and 75% are white alone, not Hispanic or Latino. In FY 2023, the agency caseload was 58% Males who were typically over the age of 40 (see Figure 19.). An agency wide effort continued in FY 2023 to obtain and record meaningful demographic information for clients engaged in services. In FY23, a greater emphasis on obtaining and reporting demographics and a review of potential disparities among different populations was under development to report baseline figures for Calendar Year 2023.

Figure 19. Client's Age Gender; FY 2023

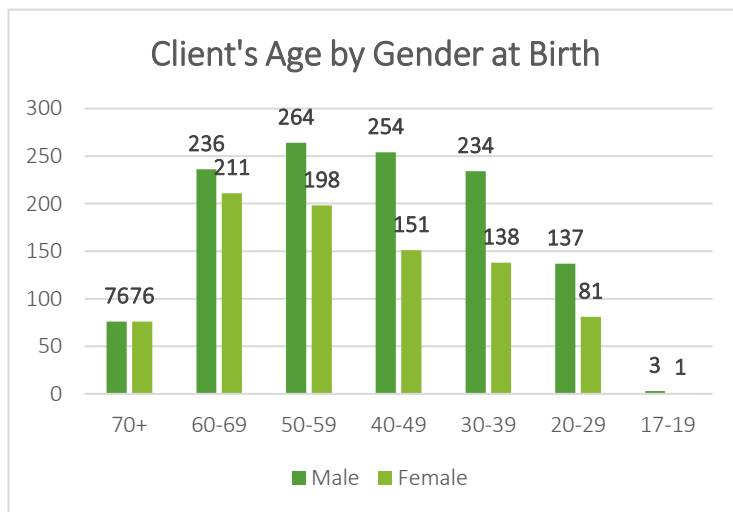


Figure 20. Client's Relationship Status; FY 2023

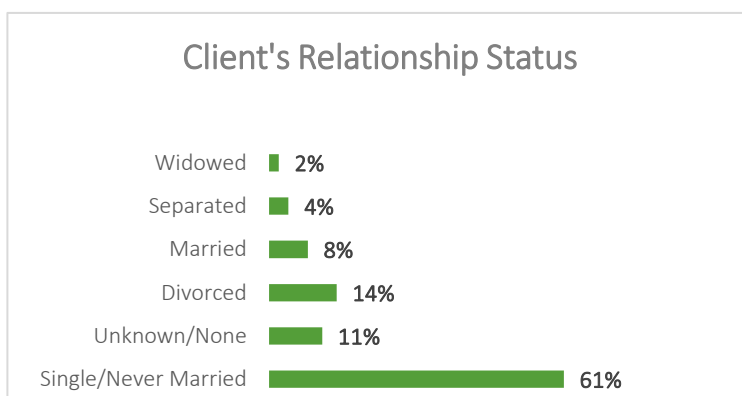


Figure 22. Client's Ethnicity; FY 2023

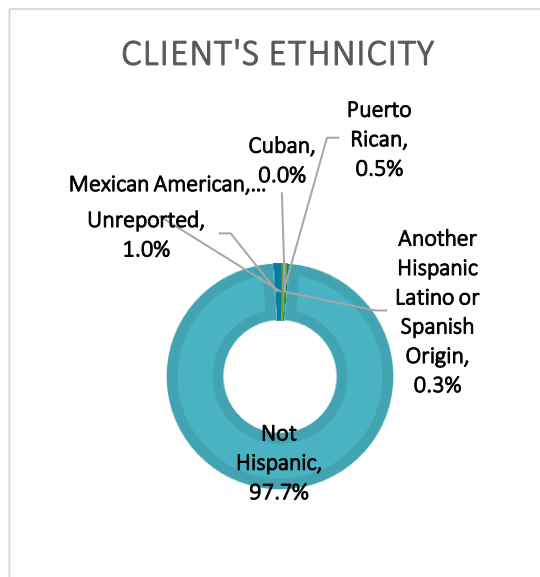
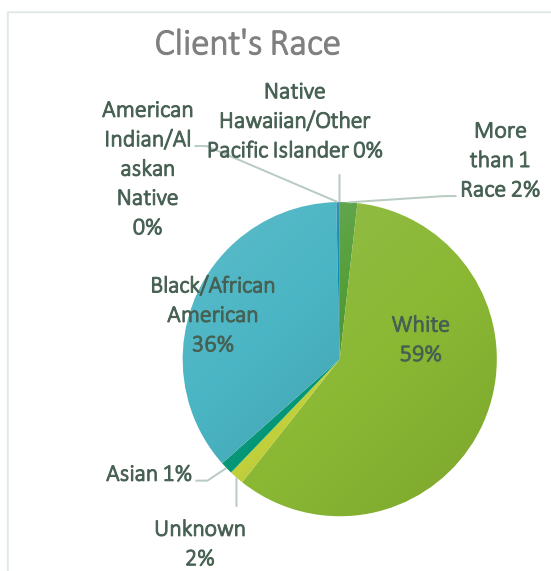


Figure 21. Client's Race: FY 2023



Also, according to the 2022 NSDUH report, of the adults aged 18 and older who had AMI in the year prior, White (52.4%) or Multiracial adults (52.2%) were more likely than Black (39.4%), Hispanic (36.1%), or Asian adults (25.4%) to have received any mental health services in the prior year.

### Income and Benefits

For Summit County residents, Community Support Services offers services, based on a sliding fee scale, through the financial support of the Summit

County ADM Board. There are specific programs funded by the Summit County

ADM Board for residents of Summit County.

These programs include the following:

Supported Employment, Residential Treatment and Art Therapy. For others who do not have insurance, the Summit County

ADM Board supports the behavioral health services for these clients through a sliding fee scale. The agency will work with the clients to apply for benefits.

According to the United States Census Quick Facts report for Summit County, Ohio 12.5% of persons living in Summit County are identified at or below the poverty level, while 7.4% are without health insurance.

The following income and insurance data is based on July 2023 month-end data. As Table 9 reflects, most clients are beneficiaries of managed health care services through Medicaid. Table 8 demonstrates that the majority of clients meet and/or significantly

fall below National Poverty guidelines. Patient income is presented as a percent of the Federal poverty guideline set forth and published as [Federal Register :: Annual Update of the HHS Poverty Guidelines](#)

Table 8. Client’s Insurance Source; July 2023

Client’s Insurance Source	% of Clients
No Insurance	1%
Medicaid	56%
Dual Eligible Medicaid/Medicare	38%
Private Insurance	5%

Table 9. Number of Clients based on Percentage of Poverty Guidelines July 2023

Income % of Poverty Guideline	% of Clients
=<100%	42%
101%-150%	6%
151%-200%	3%
200%+	1%
Unknown	47%

## Housing

Clients reside throughout Summit County in a variety of residential settings. 58% of clients reside in independent living locations. See Table 10 for all the reported types of client residences. As figure 23 demonstrates, most clients are concentrated in Akron and the immediate surrounding communities.

Table 10. Residence Types; FY July 2023

Residence Type	% of Clients
<i>Independent Housing</i>	<b>58%</b>
<i>Relatives Home/ Other</i>	<b>15%</b>
<i>Homeless</i>	<b>6%</b>
<i>Skilled Nursing Facility</i>	<b>3%</b>
<i>Unknown</i>	<b>7%</b>
<i>State Licensed Residential ACF</i>	<b>6%</b>
<i>State Hospital/ Correctional Facility</i>	<b>6%</b>

Figure 23. Map of Summit County, Ohio, Client’s geographic location: FY 2023

Northern Summit County 4%

