



**COMMUNITY  
SUPPORT  
SERVICES**

Behavioral Healthcare  
& Wellness

# **FY 2025 Quality Improvement & Compliance Annual Report**

JULY 1, 2024 TO JUNE 30, 2025

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# TO OUR STAKEHOLDERS

For nearly four decades, Community Support Services, Inc. has been proud to serve at the forefront of behavioral healthcare in our county. Since our founding, we have remained dedicated to delivering comprehensive, person-centered behavioral healthcare that supports the residents of our community in achieving recovery and wellness.

In 2009, recognizing the critical need to address health disparities among the clients we serve and the wider community, Community Support Services launched an on-site primary care clinic. This innovation established a fully integrated care model that supports both mental and physical health – ensuring we treat the whole person.

In Fiscal Year (FY) 2025, Community Support Services provided care to more than 5,000 clients; helping them to live and work in our community. Demand for our services continues to grow, and we remain committed to providing high-quality, recovery-oriented care while safeguarding the health, safety, and well-being of both clients and staff.

Each year, Community Support Services presents this report to stakeholders as part of our commitment to transparency, accountability, and continuous improvement. This report provides an overview of the agency's programs and services, along with a detailed analysis of quality improvement initiatives, performance metrics for FY 2025 and committee activities.

In FY 2025, Community Support Services advanced several initiatives to improve quality of care, strengthen partnerships, and expand opportunities for recovery. These efforts included:

- Providing all agency services in accordance with the Certified Community Behavioral Health Clinic (CCBHC) model.
- Maintaining and establishing new relationships with Designated Collaborating Organizations (DCO) to help meet the needs of individuals under the CCBHC Model.
- Providing Recovery Enhancement Practices (REP) training to all new case managers, ensuring a strong foundation in evidence-based care.
- Advancing agency-wide efforts to be a trauma informed organization, embedding these practices across programs and services.
- Reporting and meeting Value Based Purchasing (VBP) measures through the Summit County ADM Board, demonstrating accountability and strong outcomes.

These accomplishments reflect our unwavering commitment to recovery-oriented, trauma-informed, and collaborative care. As we move forward, we are grateful to our stakeholders whose support makes this work possible. Together, we will continue breaking down barriers to care and building a healthier, more resilient community for all.

# CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTER (CCBHC)

Since September 2022, Community Support Services (CSS) has received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to operate as a Certified Community Behavioral Health Clinic (CCBHC). In January 2024, CSS was formally notified by SAMHSA that it had successfully met all CCBHC Certification Criteria.

As a CCBHC, CSS is committed to providing comprehensive, whole-person care, with a strong emphasis on addressing the social drivers that influence mental health and substance use disorders. The agency is required to serve individuals across the lifespan and has enhanced its focus on delivering integrated services for adults experiencing co-occurring mental health and substance use disorders.

## CCBHC-Certified Services Directly Provided by CSS:

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

As part of its CCBHC responsibilities, CSS tracks key health indicators, including deaths by suicide, suicide attempts, fatal and non-fatal overdoses, and all-cause mortality. Monitoring these outcomes helps the organization identify areas in need of additional outreach and supports the development of strategic community partnerships to enhance coordinated, collaborative care.



The CCBHC at CSS connects clients with vital mental health and addiction services while building strong partnerships with local providers to ensure seamless coordinated care and stronger community support.



# PROGRAMS AND SERVICES

## INTAKE SERVICES

Community Support Services receives referrals from a wide range of sources, including family members, hospitals, courts, insurance providers, community partners, and self-referrals. As a CCBHC, the agency has streamlined access to care, especially for individuals connected with Designated Collaborating Organizations (DCOs).

At intake, an Intake Specialist meets with each individual to complete a clinical evaluation and identify services that best support their recovery goals. Based on this assessment, the individual may be connected with agency programs such as residential treatment, counseling, or employment services, or referred to resources in the community when appropriate.

When case management services are needed, a Client Access Specialist (CAS) develops an individualized treatment plan that reflects the client's strengths, needs, abilities, and preferences. The initial plan provides structure for the first 90 days of service, after which the client is transitioned to a regional team for ongoing support. In addition, Access Recovery Specialists, who draw on their own lived experience with mental illness and/or substance use disorders, are available to guide and encourage individuals newly engaged in services.

## THE ASSISTED OUTPATIENT TREATMENT (AOT) PROGRAM

Community Support Services, in collaboration with the Summit County Probate Court and the Alcohol, Drug and Mental Health (ADM) Board, provides clinical support to persons engaged in the Assisted Outpatient Treatment (AOT) program. This program offers compassionate case management services to assist individuals living with severe and persistent mental illnesses to more effectively engage in treatment. This program, through partnership with the Court, encourages participants to take an active role in their recovery to avoid repeat hospitalizations.

## CRISIS INTERVENTION (CIT) SERVICES

The Crisis Intervention Team (CIT) provides immediate support for individuals experiencing acute mental health symptoms. CIT staff work closely with local police departments and the Summit County Sheriff's Department to promote safety and connect individuals with appropriate mental

health services. Crisis Intervention is available during regular business hours, as well as evenings, weekends, and holidays, when clinically necessary.

## PEER SUPPORT SERVICES

Peer Support Services offer an opportunity for mental health consumers to receive help 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 2025, the agency employed **seventeen (17)** Certified Peer Support/Recovery Specialists who provided nearly 4,600 hours of direct service.

## REPRESENTATIVE PAYEE SERVICES

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

## REGIONAL CASE MANAGEMENT SERVICES

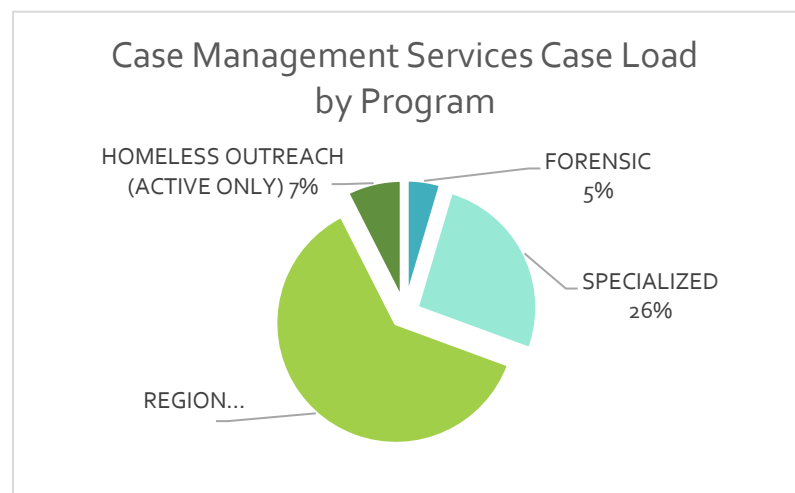
Case Management offers person-centered services guided by an Individualized Service Plan with an emphasis on enhancing daily

living skills, assisting with resource acquisition, and addressing symptoms of mental illnesses.

Community Rehabilitation Specialists (CRS) advocate and support clients in recovery by coordinating care to achieve the most effective outcomes. Most agency case management services

are provided through a Regional Treatment Team, based on the clients' home address (see Figure 1). There are specialized case management teams dedicated to specific populations.

Figure 1- Active Caseload Distribution (July 2025)



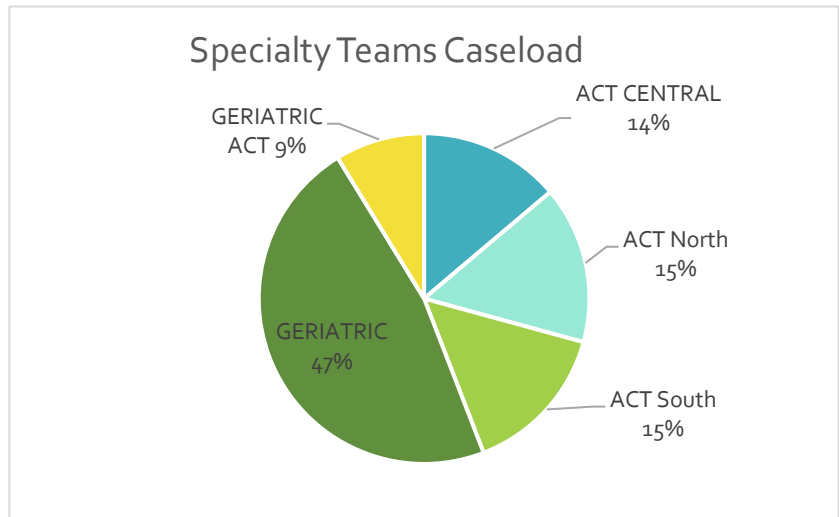
## SPECIALIZED CASE MANAGEMENT SERVICES

The **Assertive Community Treatment Teams (ACT Central, ACT North, ACT South and Geriatric ACT)** program provides wrap-around

Figure 2- Specialized Caseload (July 2025)

services for people with significant mental health and substance use disorders. The ACT teams implement the principles in 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 people with severe mental illnesses and a continuum of substance use disorders. In FY 2024 the Geriatric ACT team was established to serve ACT eligible older adults (65 and older).



**The Geriatric** team strives to ensure the highest quality of life for older adults (65+). This specialized team includes Community Rehabilitation Specialists, geriatric psychiatric providers, and Nurse Care Coordinators. Comprehensive treatment and mental health evaluations are provided for people living in the community. 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 a specialty docket program in Akron Municipal Court. Participants in the FACT program have severe and persistent mental illnesses with psychosis, extensive criminal history, and a current misdemeanor charge (see Figure 3. Persons eligible for FACT services are court ordered to participate in the program. People referred to the program must be assessed by the

FACT team to determine eligibility prior to the referring court ordering the person to FACT).

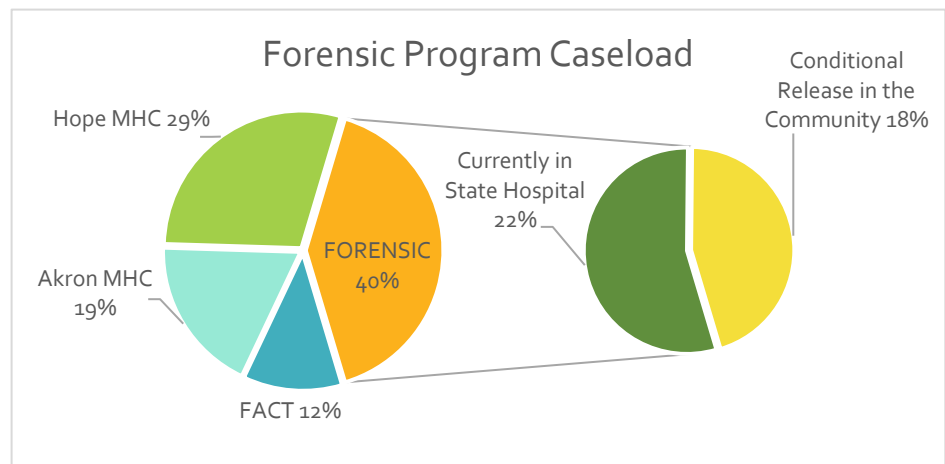
**The Forensic team** is a specialized intensive team

serving clients found Not Guilty by Reason of Insanity or Incompetent to Stand Trial Unrestorable- Under Court Jurisdiction. Services are provided while the person is in the state hospital to help coordinate discharge planning and more intensive services begin when the individual is granted Conditional Release to the community (see Figure 3).

**Mental Health Court (MHC)** is a specialty docket in Akron and Stow Municipal Courts. Participants in the Municipal Mental Health Court program have been charged with a qualifying misdemeanor offense, have a persistent mental illness, and voluntarily agree to participate in the program. People referred to the program must be assessed by the MHC team to determine eligibility prior to the referring court ordering the person to MHC.

**Hope Mental Health Court** is a specialty docket program of the Summit County Court of Common Pleas. Participants in the HOPE Court program have been charged with a qualifying felony offense, have a persistent mental illness, and voluntarily agree to participate in the program. People referred to the program must be assessed by the HOPE Mental Health Court team to determine eligibility prior to the referring court ordering the person to HOPE court.

Figure 3- Forensic Caseload (July 2025)



## EMPLOYMENT & VOCATIONAL SERVICES

Our Vocational and Supported Employment programs help individuals explore career interests, identify barriers to employment, and develop the skills needed to secure and maintain meaningful work. In January 2021, we partnered with *Opportunities for Ohioans with Disabilities (OOD)* to expand services for individuals eligible for OOD funding. Through this collaboration, we provide:

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

Additionally, one staff member has earned designation as a *Work Incentive Practitioner*, enhancing our ability to guide clients through complex employment and benefits systems.

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

Table 1. Supported Employment FY 2025 Clients Employed

Supported Employment (SE), an evidence-based practice, emphasizes no exclusions, consumer preferences, rapid job search and placement, integration with mental health services, benefits advocacy, and time-

### Supported Employment FY 2025

Number of New Job Starts	89
Average Hourly Wage	\$13.91
Average Number of Hours Per Week	27

unlimited supports to help persons with mental 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** supports clients by coordinating access to patient assistance programs and administering long-acting injectable medications, which are an essential component of treatment for many individuals served by Community Support Services.



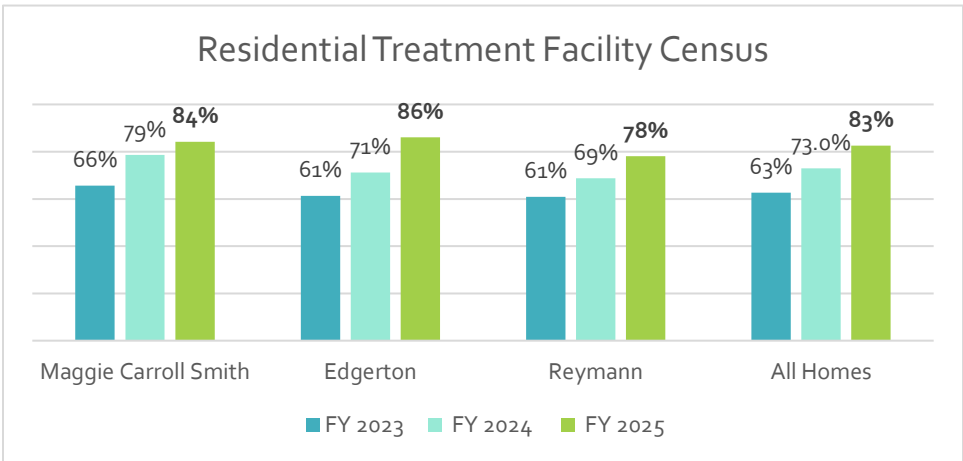
The **Margaret Clark Morgan Integrated Care Clinic** provides comprehensive physical and mental health care, including preventive services and management of chronic conditions such as diabetes and hypertension. The clinic includes primary care and psychiatry services, an on-site laboratory, and a Klein’s Pharmacy retail outlet. Care is delivered by a multidisciplinary team that includes board-certified physicians and nationally certified advanced practice nurse practitioners specializing in family medicine and psychiatry. To further support whole-person health, the clinic also offers on-site podiatry, ensuring clients have access to convenient and coordinated care.

**RESIDENTIAL SERVICES**

Residential Services includes **Residential Treatment and Supportive Housing** facilities (see Figure 4 for FY 2025 Census).

Figure 4- Residential Treatment Census (FY 2023- FY 2025)

The agency operates three residential treatment (Type 1) sites, licensed by the Ohio Department of Mental Health and Addiction Services (see Figure 4).



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

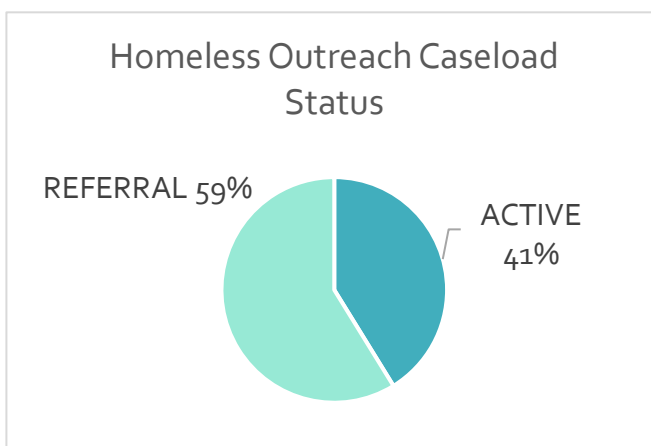
The **Dr. Fred Frese Residential Center** is scheduled to open in the Spring of 2026 and is located on the grounds of Northcoast Behavioral Healthcare. The center is made possible through a partnership between the state of Ohio and the County of Summit Alcohol, Drug Addiction and Mental Health Services Board (ADM Board). The facility will be a 16-bed residential step-down center that provides a supportive environment for those who are departing the psychiatric hospital and transitioning back

into the community. In addition to residential care, CSS will provide services such as case management, counseling, group therapy and nursing. The goal is with the additional support provided at the center, those discharged from the hospital will be less likely to end up with a crisis that lands them in an emergency department, on the streets or in jail.

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 5- Homeless Client agency status (July 2025)



## 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).

**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 would likely be unhoused without assistance.

100% of SSVF clients surveyed in FY 2025 would recommend a friend to supportive services.

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

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

## **INTENSIVE TREATMENT SERVICES (ITS)**

**Intensive Treatment Services** offers an array of recovery-based therapies including group sessions that provide psychoeducation 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 thought disorders and **Mental Health Day Treatment**



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

**Art Therapy** uses the art media, the creative process, and the resulting artwork to explore feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. Art therapy may be offered in group and individual formats. The overall aim of art therapy is to enable a client to affect change and growth on a personal level using art materials in a safe and facilitating environment through individual and/or group sessions.

**Art Therapy Services FY 2025**

Total Number of Individuals Served	51
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**Individual and Group Counseling** offers clients an opportunity to identify goals and potential solutions to challenges. Through counseling services, there is an effort to strengthen coping skills while promoting behavior change and optimal mental health.

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

# CLIENT RIGHTS AND ADVOCACY


One hundred and ninety-five (195) complaints were filed in FY 2025 (see Table 2), a 21% increase from Complaints received in FY 2024. The increase in complaints was most notable among Case Management, Residential, Other Clients and Health Center (Psych).

Table 2- Client Grievances by Subject (FY 2025-FY 2022)

	<i><b>Subject/Department</b></i>	<i><b>Fy 2025</b></i>	<i><b>FY 2024</b></i>	<i><b>FY 2023</b></i>	<i><b>FY2022</b></i>
The increase in grievances received in “Residential Other” and “Other” categories during FY 2025 is a result of repeated inquiries from a handful of individuals. In those instances, the nature of the program service was clarified to the client(s). The rules and participation requirements were also further explained. In response to Case Management and Health Center (Psych) grievances, there was a continued effort to immediately connect the complainant to the service provider(s) and/or program	<i>Another Client</i>	<b>10</b>	4	2	0
	<i>Case Management</i>	<b>86</b>	73	60	83
	<i>Payee/Finance</i>	<b>23</b>	25	15	29
	<i>Health Center (Psych)</i>	<b>21</b>	15	14	18
	<i>Health Center (PCC)</i>	<b>6</b>	5	5	6
	<i>Front Desk Support</i>	<b>6</b>	2	0	0
	<i>Residential Treatment</i>	<b>12</b>	14	9	17
	<i>Residential Other</i>	<b>11</b>	5	0	8
	<i>Employment</i>	<b>0</b>	0	1	1
	<i>Whole agency</i>	<b>15</b>	18	9	10
	<i>Outside Agency</i>	<b>2</b>	0	0	12
	<i>Homeless Outreach</i>	<b>0</b>	0	2	0
	<i>ITS/Counseling</i>	<b>1</b>	0	3	2
	<i>Billing</i>	<b>0</b>	0	0	0
	<i>Other</i>	<b>2</b>	0	0	0
	<b>TOTAL</b>	<b>195</b>	161	120	186

supervisor(s). Connecting the parties allows us to quickly identify miscommunications and misunderstandings; to provide a timely resolution that satisfies the complainant.

During FY 2025, acknowledgment letters were sent within 2 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 3 calendar days of the receipt of the grievance.



During FY 2025, 87% of all complaints were submitted by agency clients. Family members and guardians accounted for 11% of submissions, while 1% were submitted by CSS staff and 1% originated from individuals outside the agency.

Typically, complaints (21) categorized under the Health Center Psychiatric category involved requests for a change in psychiatric provider. Some concerns also included inquiries of a clinical nature. These concerns were referred to the appropriate psychiatric provider, and clients were encouraged to address them directly with their providers and nursing staff. First-time requests for a change-in-provider were routinely accommodated. All such requests were communicated to the agency's Medical Director and/or the Director of Health Center Integration for review and/or follow-up.

In general, issues related to Health Center- Primary Care Clinic (6) primarily involved requests for medication refills and/or the need for clinician support. All matters were addressed promptly and appropriately by the Program Director and/or clinical staff.

In FY 2025, ongoing efforts were made to ensure that inquiries not related to client rights were promptly referred to the appropriate departmental staff or supervisor for direct follow-up with the client. For example, inquiries related to payee services were directed to the Benefits Specialist, while questions regarding case management services were forwarded to the assigned case manager and/or clinical supervisor for further action.

35% of all complaints were resolved/addressed by providing an explanation to the complainant with no further follow-up warranted. 14% of the complaints had some type of treatment revision(s) as a final resolution, 45% of inquiries resulted in a referral to an outside source (i.e., Fair Housing, Legal Aid) or internally to the treatment team to address further. In some circumstances, resolutions were coupled with a recommendation for policy revision or update. The remaining 6% of complaints were withdrawn and no further action was necessary.



# HEALTH CENTER SERVICES

## Federally Qualified Health Center (FQHC-LA)

As an FQHC-LA, Community Support Services continues to be evaluated on several measures (see Table 3.) emphasizing health outcomes and the value of care delivered.

### Patient Satisfaction

In FY 2025, more than 79% of Health Center patient satisfaction survey respondents reported they had received Health Center services for more than 1 year. 79.4% of all respondents reported their “health has improved since coming to the Community Support Services Health Center.” Other areas of high patient satisfaction included the friendliness of staff and providers, location and accessibility, clinic hours, and ability to get a prompt appointment.

### Annual Performance Measures

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.

Table 3. Quality of Care Measures as reported by calendar year.

QUALITY OF CARE MEASURE	Goal	2024	2023	2022	2021
<b>Preventive Health Screening and Services:</b>					
Cervical Cancer Screening	56%	26.99%	22.90%	19.24%	16.14%
Breast Cancer Screening	45%	9.63%	11.82%	27.89%	22.57%
Body Mass Index (BMI) Screening and Follow-up	56%	69.34%	75.20%	79.60%	72.98%
Tobacco Use Screening & Cessation Intervention	81%	82.44%	89.91%	86.72%	84.79%
Statin Therapy	78%	71.03%	61.11%	77.98%	77.54%
Colorectal Cancer Screening	34%	4.86%	7.47%	5.91%	7.84%
Screening for Clinical Depression & Follow-up Plan	50%	13.88%	7.04%	11.70%	7.22%

QUALITY OF CARE MEASURE (Cont'd)	Goal	2024	2023	2022	2021
<b>Chronic Disease Management:</b>					
Coronary Artery Disease (CAD): Lipid Therapy	78%	71.03%	61.11%	77.98%	77.54%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	76%	58.33%	59.70%	75.00%	86.67%
High Blood Pressure (Hypertensive Patients with Blood Pressure <140/90)	63%	66.06%	62.78%	63.18%	61.05%
Diabetes: Hemoglobin A1c Poor Control (Diabetic Patients with HbA1c>9% or No Test During Year	15%	12.96%	15.38%	16.67%	21.30%
*HIV Screening	25%	14.70%	18.14%	19.44%	17.75%
HIV Linkage to Care	100%	100%	100%	100%	100%



# QUALITY IMPROVEMENT & COMPLIANCE PROGRAM

## About

The 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 2025, the agency welcomed nine (9) new members across six (6) sub-committees, for a total of fifty-one (51) unique contributors. Collectively, committee members dedicated more than 200 hours to advancing sub-committee initiatives.

## Purpose

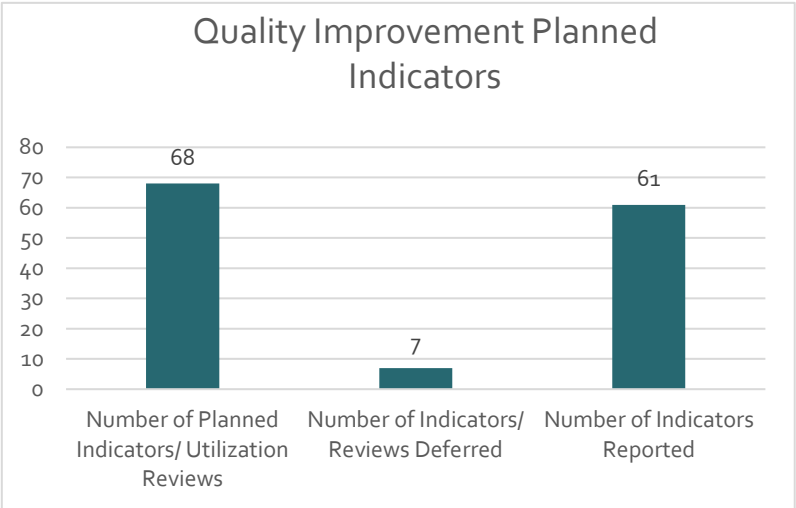
The purpose of the QIC committee is to continually monitor and evaluate the quality and appropriateness of clinical, administrative, and support services provided by Community Support Services, Inc. These efforts ensure that effective, efficient, and high-quality care is delivered to individuals served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

To determine and evaluate important aspects of clinical care, sixty-eight (68) individual indicators and/or audits were

scheduled for review by the Quality Improvement & Compliance committee (see Figure 6.) Seven (7) indicators were not reported on; (3) under redevelopment, (2) deferred and (2) were discontinued.

The remaining 61 indicators resulted in one hundred fifty-one outcome reports; (29) indicators were reported quarterly, (24) annually and (9) Bi-Annually. Analysis of all reported indicators affords the Quality Improvement & Compliance committee the opportunity to assess risk, identify potential

Figure 6. Quality Improvement Planned Indicators (FY 2025)

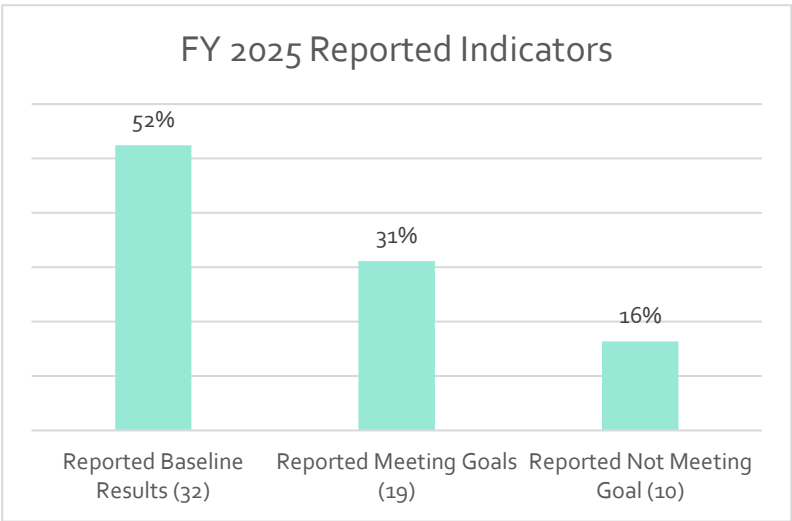




problems, and review areas requiring or showing improvement. To stay on target, the QIC Committee monitors, assesses, and measures performance against a series of indicators and goals. The Quality Improvement planned indicators are based on service delivery performance and are categorized by four key CARF Standards: Effectiveness, Efficiency, Accessibility and Satisfaction.

Fifty-two percent (52%) of all reported measures (see figure 7) in FY 2025 provided baseline data, while thirty-one percent (31%) had quantifiable targets, and were reported to have met and/or exceeded expectations. Sixteen percent (16%) of reported indicators did not meet the determined goal and were subjected to further review by the Quality Improvement & Compliance committee, and a plan of action was developed to improve outcomes and performance.

Figure 7 Reported QI Indicators (FY 2025)



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 to assess risk and develop meaningful indicators for Quality Improvement monitoring in FY 2026. Feedback from these reviews is shared in aggregate form to assist with quality improvement efforts while client and staff specific information is shared with the appropriate management staff for follow-up.

Throughout FY 2025, Quality Improvement’s focus on reporting agency-wide population outcomes continued. Below are the quarterly averages for the value-based purchasing (VBP) outcomes that were reported (see Table 4.) 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 consultation 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 schizophrenia and related disorders from the recovery perspective. In FY 2025, seven staff were recognized as new graduates of the 8-month intensive training. Nine staff are expected to participate in the 2025/2026 Learning Collaborative.

Table 4, Reported VBP Indicators based on quarterly reports (FY 2025)

<b><i>Value Based Purchasing Indicator</i></b>	<b><i>Goal</i></b>	<b><i>FY 2025 Average</i></b>
<i>Average Number of Days from Request for agency intake to agency intake completed</i>	10 Days	<b>4.6 Days</b>
<i>Average number of days from referral for services to first appointment (Medication Management)</i>	13 Days	<b>3.7 Days</b>
<i>Average number of days from Agency Intake to first appointment (General Services)</i>	7 days	<b>4.2 Days</b>
<i>Successfully kept first appointment following agency intake</i>	=>69%	<b>74%</b>
<i>Average number of days from psychiatric hospital discharge to medication management appt</i>	7 Days	<b>4.2 Days</b>
<i>Agency caseload seen by a treatment team provider in the last 90 days</i>	90%	<b>92.0%</b>

# QUALITY IMPROVEMENT & COMPLIANCE PROGRAM SUB-COMMITTEES-

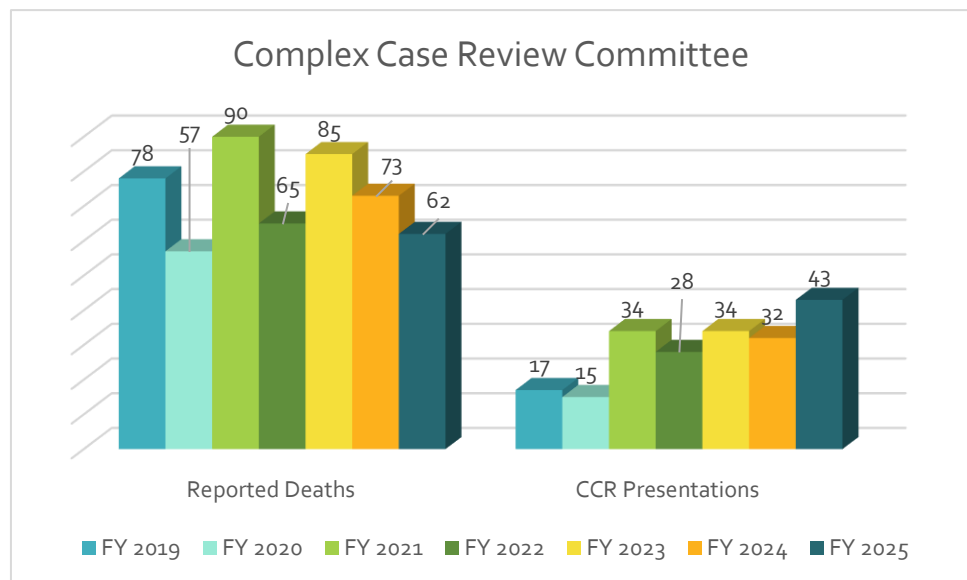
## Complex Case Review (CCR)

The Complex Case Review Committee (CCR) meets twice monthly to provide guidance and oversight of challenging and complicated cases as part of the agency's commitment to providing the highest quality of care while supporting the needs of staff. In FY 2025, forty-three (43) clients were presented to the Complex Case Review committee. The complex cases reviewed during FY 2025 continue to present with various issues related to trauma, substance use, threatening behavior, and significant mental health symptoms. All committee case recommendations were completed.

CCR is also responsible for reviewing trends related to client deaths. In FY 2024, the agency began to look at all-cause mortality. In the

initial review, it was noted that the average age of death of agency clients was 57 years of age with nearly half of the clients having diagnoses of hypertension, diabetes, and/or high cholesterol at the time of death. For

Figure 8. Client Deaths and Challenging Cases Presented (FY 2025—FY 2019)



clients who die by suicide or an unintentional overdose, there is a review of the client's treatment to determine opportunities for improvement in similar cases.

Sixty-two (62) client deaths were reported during the year (See Figure 8). Of the sixty-two (62) deaths; thirty-four (34) were from natural causes, nineteen (19) were unknown causes, one (1) was an unintentional overdose, seven (7) were suicides and one (1) was ruled accidental.

## Staff Training & Education (ST&E)

In FY 2025, the Staff Training and Education (ST&E) committee provided thirty-five (35) internal education opportunities and offered 45.5 continuing education units to licensed social workers, counselors and marriage and family therapists.

### In-Service Trainings with CEUs included:

- Schizophrenia: Empowered Decision Making
- Schizophrenia: Transitions of Care
- Motivation and Engagement
- Foundations of Autism: Part I and II
- Summit County Developmental Board Agency Overview
- Substance Use Disorder (4 sessions)
- Assertive Community Treatment (ACT) Refresher
- DLA-20 Functional Assessment (4 sessions)
- Ethics & Boundaries Part I and II
- Recovery Enhancement Practices for Psychosis for Supervisors
- Motivational Interviewing Part I and II (in coordination with The Summit County ADM Board)
- Trauma Stewardship: How to Remain Resilient in your Self-Care Practice -in coordination with Choices Social Center (2 sessions)

The agency's rigorous training plan relies in part on Relias, an online learning management system. The courses available through Relias help to support the training needs of all agency staff. For FY 2025, 4,465 hours of Relias, web-based training was completed. Additionally, Relias offers licensed staff an opportunity to complete continuing education credits.

In the first half of FY 2025 the agency provided in-person Daily Living Assessment-20 (DLA-20) training, led by a certified trainer to all staff who utilize the DLA-20 tool. In addition, staff were required to attend Treatment Planning and Documentation training. In the latter part of FY 2025, both training courses have been incorporated into the agency's new hire training requirements for all staff with mental health assessment and/or treatment planning responsibilities.

During FY 2025, many agency staff continued to participate in virtual training offered by community partners and/or external entities. In Q4 FY 2025, 40% of all external training attended by agency staff was virtual. To monitor staff attendance at off-site training courses, the agency continued its process for tracking external training activity. Information obtained from this tracking process enables the agency to better understand training needs and staff development interests.

## Health & Safety (H&S)

The Safety Director and the Director of Quality & Compliance reviewed three hundred and four (304) Non-Death Related Major Unusual Incident (MUI) reports during FY 2025. 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 conduct a clinical staffing to address a specific concern.

Table 5. Number of Reported Major Unusual Incidents (FY 2025 to FY 2022)

<b>Non-Death Related MUI</b>	<b>FY 2025</b>	<b>FY 2024</b>	<b>FY 2023</b>	<b>FY 2022</b>
Alarm	1	2	3	6
Alleged Abuse/Neglect	9	14	17	12
Alleged Criminal Activity	4	5	6	5
Alleged Sexual Assault	4	4	6	4
Auto Accident (Staff)	5	11	9	1
AWOL from Residential Treatment	1	2	8	8
Building Emergency	0	1	0	0
Fall	20	25	18	24
Illness	49	37	46	34
Infection Control	8	1	2	20
Injury	7	3	8	9
Medication Diversion	0	0	0	0
Medication Error	9	10	3	9
Medication Issue	0	0	6	2
Medication Missing/Unaccounted Medication	2	5	0	3
Mental Health Emergency	12	10	13	6
Non-Participation in Safety Drill	2	0	0	0
Other	67	59	25	39




**Non-Death Related MUI (Cont'd)**

	<b>FY 2025</b>	<b>FY 2024</b>	<b>FY 2023</b>	<b>FY 2022</b>
Overdose	2	3	2	6
Physical Aggression	17	27	30	20
Property Damage/Loss	9	13	14	9
Seizure	2	5	2	16
Selling Drugs on premises	0	0	0	0
Suicide Attempt	2	3	2	3
Suicide Threat	12	22	15	6
Suspected Substance Abuse	12	13	6	0
Verbal Aggression	43	47	50	44
Weapon	3	8	4	5

Overall, there was a slight increase in the number of reported incidents compared to FY 2024, which recorded 304 Non-Death-Related MUI's. In response, the committee implemented targeted efforts to address areas with notable increases.

In FY 2025, the number of reported suicide threats decreased significantly from 22 to 12. This reduction reflects the agency's continued efforts to strengthen prevention strategies, including improving tracking of suicide threats and attempts, as well as the proactive development of individualized safety plans for individuals identified as at risk. These initiatives, first implemented in 2024, have contributed to more effective risk management and support.

During FY 2025, there was a 50% decrease in overdoses reported. This decline follows enhanced efforts in FY 2024 to ensure the consistent reporting of all overdose cases – both fatal and non-fatal – by staff across the organization. As part of the agency's commitment to overdose prevention, all staff are required to complete annual Project DAWN Naloxone training and carry Narcan while working in the community. The Health and Safety Committee continues to oversee regular monitoring and tracking of monthly inspections of Narcan stations located throughout the main campus and all satellite sites, further strengthening the agency's emergency preparedness and response efforts.




Between FY 2024 and FY 2025, incidents of physical aggression have decreased significantly, from 27 to 17 reported cases. Incidents of verbal aggression have also continued to decline since FY 2023. While these incidents continue to be reported more frequently at satellite locations than at the main campus, targeted efforts to improve staff safety and response times have contributed to this decline. Key initiatives include the mandatory completion of 14 hours of Pro-ACT training for all new staff within 90 days of hire, enhancing their ability to effectively manage and de-escalate aggressive behavior. FY 2025 has also included the implementation of an agency-wide text alert system to enhance communication with staff during emergency situations.

The agency will continue to emphasize the timely and accurate completion of incident reports for all required situations. This ongoing monitoring process has supported the Quality Improvement team in identifying key health and safety issues and in developing targeted action plans to address them across the agency. In FY26, Community Support Services will implement Incident Tracker, a web-based incident reporting program. This program will allow for more instantaneous awareness of critical incidents, ensuring compliance with state reporting requirements, and simplify data analytics.

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

The Compliance, Outcomes, and Research committee continued to meet quarterly throughout FY 2025 to review all VBP, Program Treatment Outcomes, and target/utilization reviews related to clinical documentation and utilization for compliance to established clinical best practices and agency policies and procedures.

The Quarterly Case Note review was continued in FY 2025 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 provided with direct feedback, education, and are subject to review again in six (6) months.



Quarterly compliance review audits continued throughout FY 2025, reporting on compliance related indicators such as treatment planning and consent for treatment as well as Quality of Care measures, including assessment and level of care.

Additionally, the agency continues the Finance and Billing Services review. This review highlights any potential challenges with reimbursement from insurance providers and monitors late (billed) entries by service providers.

### **Recovery Advisory Council (RAC)**

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

In FY 2025, the Council convened six (6) times. Key activities included review and analysis of post-discharge and client satisfaction surveys, as well as feedback on the FY 2024 Annual Report. Members contributed valuable insights and recommendations to enhance survey participation and evaluated the implementation of QR codes, offering suggestions to improve usability and accessibility.

Council meetings also provided a forum for meaningful dialogue regarding the client experience at CSS, with a focus on overall satisfaction and quality of care.

### **Recognition & Retention (R&R)**

In FY 2025, the committee oversaw the customary employee and recognition events such as, executive barbeque, food trucks, annual EOY celebration, summer wellness bingo, autumn festival and Wellness Day.

In the spring, the committee partnered with the agency's Expressive Arts Administrator to host an outdoor tie-dye event at which participants were provided with all the necessary supplies to create a tie-dyed T-shirt.

The Super Star Award program continued in FY 2025 and gives an opportunity for staff to thank and/or recognize their staff and peers. During FY 2025 there were 437 Super Stars awarded to staff from their supervisors and/or peers.

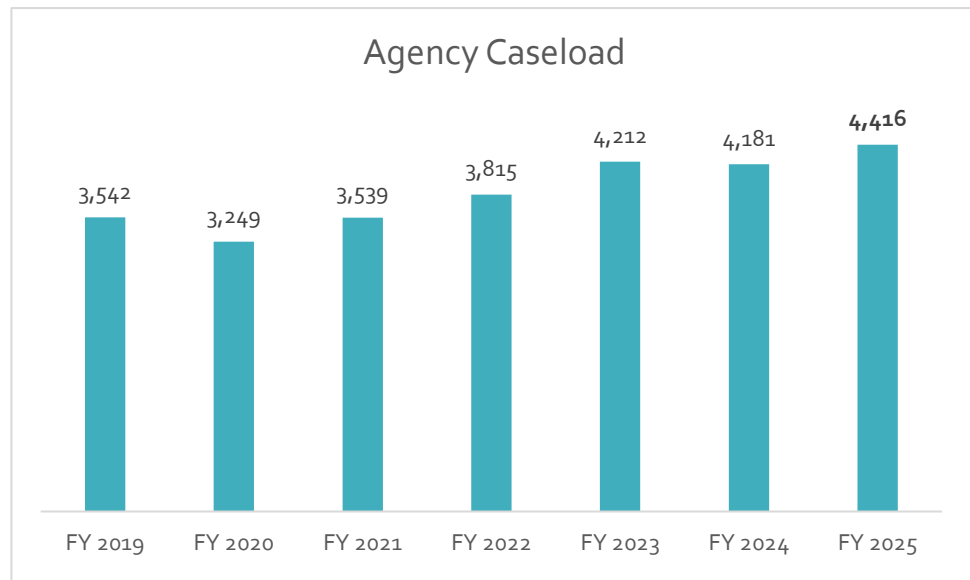
# WHO WE SERVE

## Agency Caseload

At the end of FY 2025, there were 4,416 clients on the agency's caseload (see Figure 9).

On average, during FY 2025, the agency had 230 new admissions per quarter (see figure 10). This average is in line with the prior year's average.

Figure 9. Agency Active and Referral Status Caseload (FY 2019- FY 2025.)



There continues to be an increase in clients who are receiving psychiatry services and primary care services only. As of the close of FY 2025, 30% of active cases were receiving doctor and/or health center services only. When there is a demonstrated need for case management, a referral can be submitted, and a Community Rehabilitation Specialist can be assigned. During FY 2025, 6% of all internal referrals submitted were for Case Management services.

Figure 10. Active Case Activity During FY 2025

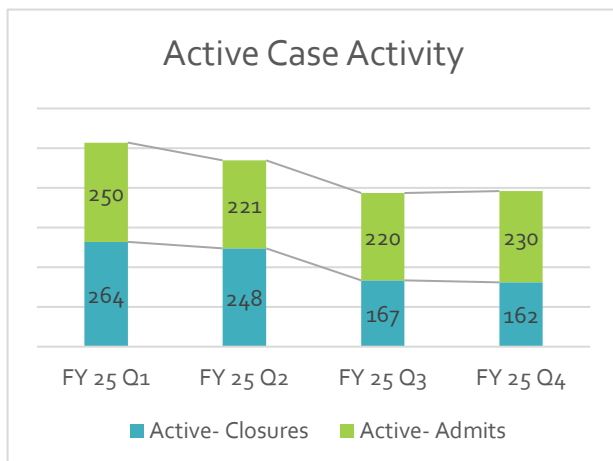
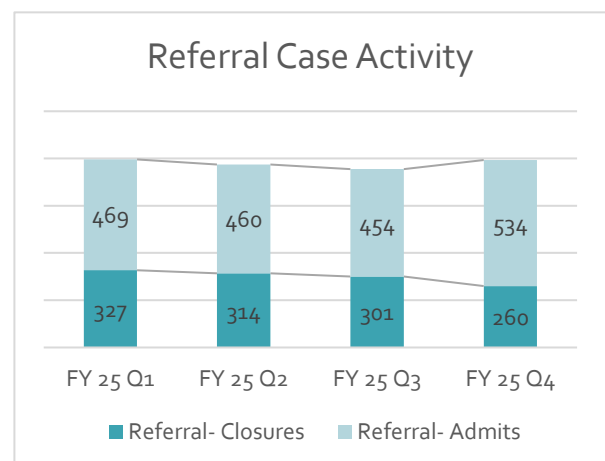


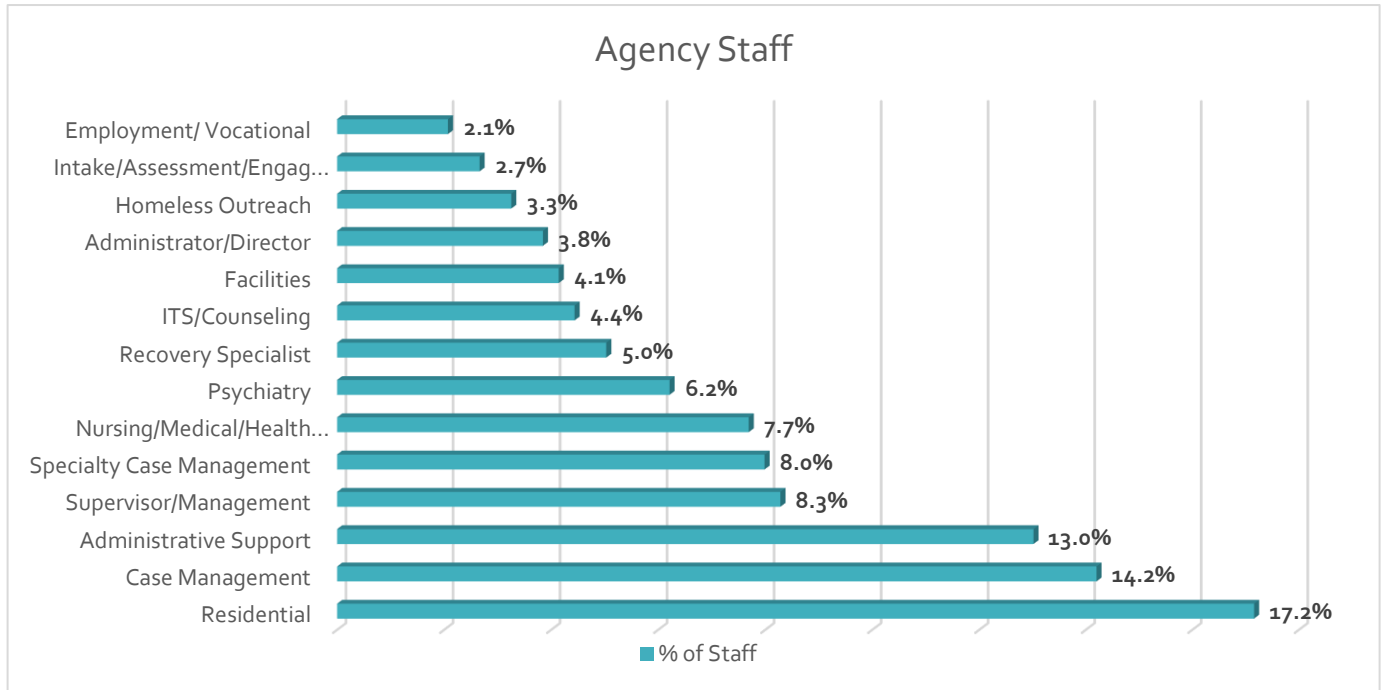
Figure 11. Referral Case Activity During FY 2025



## Service Provision & Agency Staff

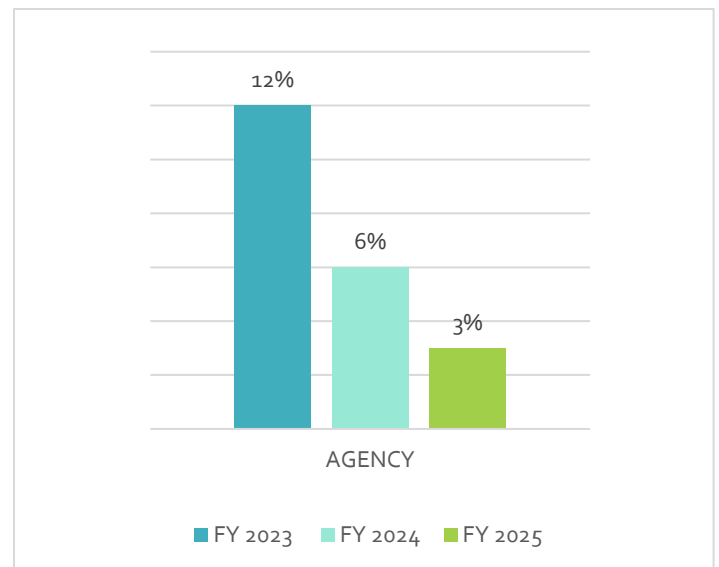
As of the end of July 2025, the agency employed approximately 335 employees. 71% were direct service providers while the remainder work in administrative, facilities, supervisory/management and support staff roles (see Figure 12).

Figure 12. Agency Staff July 2025



Throughout FY 2025 the frequency of telehealth services continued to decrease across all programs. By the end of FY 2025, just three percent (3%) of all direct service contacts with clients were made through telehealth services.

Figure 13. Agency Telehealth Services FY 2023- FY 2025



## Client Diagnosis

Two broad categories are used to distinguish 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”.

The annual National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides timely statistical information on mental illness and **substance use disorders (SUD)** in the United States.

According to the [2024 NSDUH report](#), 61.5 million adults had AMI while 14.6 million adults had SMI. NSDUH reports that 30% (21.2 million) of people with AMI had SUD while nearly half (6.9 million) of people with SMI had SUD.

Table 6 shows the percentage of clients seen based on the diagnostic category for Substance Use and Mental Health. While the agency stays committed to providing people 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.

Table 6. Percentage of clients seen by ICD-10-CM Diagnostic Code (as of August 2025)

MH Conditions & Substance Use Disorders	Applicable ICD-10-CM Code	% of Clients Seen
<i>Alcohol Related D/O</i>	(F10-, G62.1, O99.31)	<b>5%</b>
<i>Other Substance Use D/O</i>	(F11- through F19- (exclude F17), G62.0, O99.32)	<b>9%</b>
<i>Depression &amp; Other Mood</i>	(F30- through F39)	<b>31%</b>
<i>Anxiety &amp; PTSD</i>	(F06.4, F40- through F42-, F43.0, F43.1-, F43.8-, F93.0)	<b>7%</b>
<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)	<b>48%</b>

## Client Demographics

According to a Quick Facts

online report ([U.S.](#)

[Census Bureau](#)

[QuickFacts: United](#)

[States](#)) the Summit

county, Ohio

population estimate as

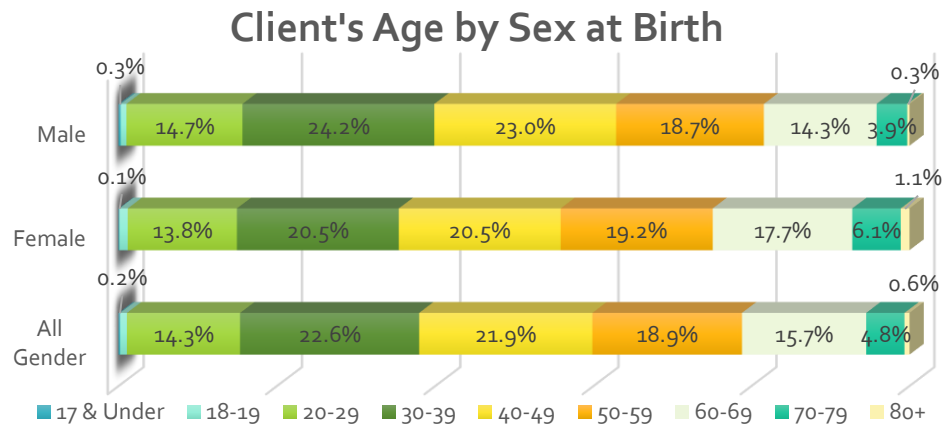
of July 1, 2023 was

535,733.

51.4% of the Summit County population is female, 76.7% are white alone, not Hispanic or Latino, and

40.5% are between the ages of 18 and 65.

Figure 14. Client's Age by Sex at Birth; FY 2025



In FY 2025, the agency caseload was made up of 43% females with a median age 47 years old and

57% male with a median age of 44 years old (see Figure 14.)

Figure 15. Client's Relationship Status; FY 2025

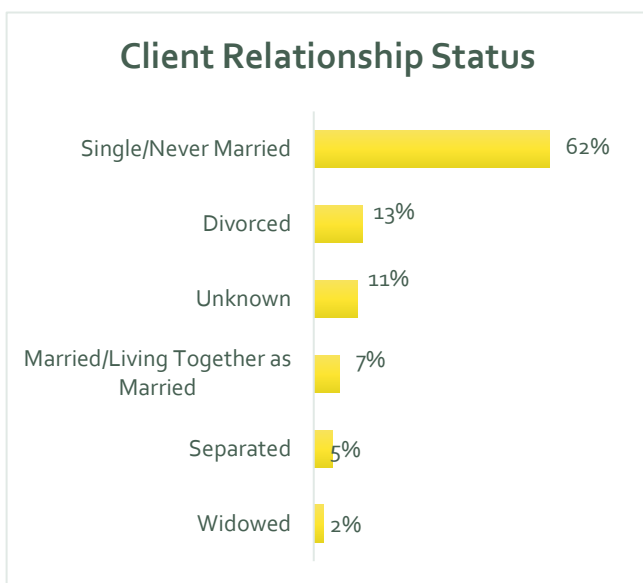
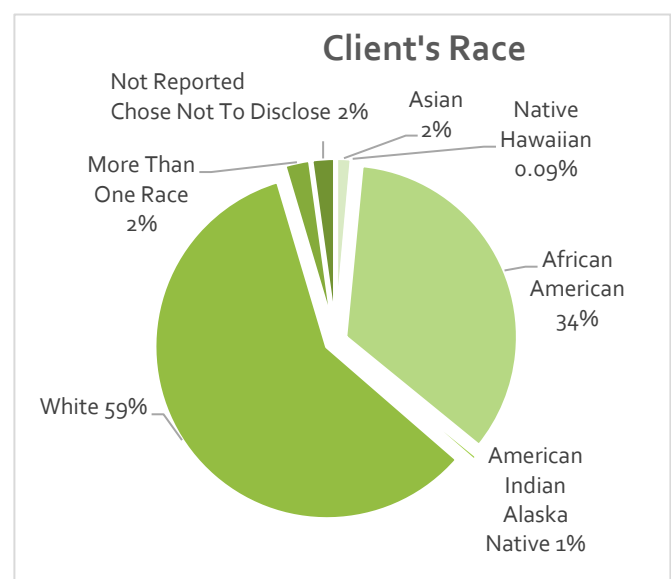


Figure 16. Client's Race: FY 2025



## Income and Benefits

According to US Census data, 12.7% of the Summit County population live at or below the National Poverty line and 5% of residents are without health care coverage. The income and insurance data for agency clients are based on August 2025 month-end data.

Table 7. Client's Insurance Coverage.  
Source FQHC 2025 UDS Reports as of August 2025

Client's Insurance Source	% of Clients
No Insurance	4%
Medicaid	50%
Dual Eligible Medicaid/Medicare	39%
Private Insurance	8%

As Table 7 reflects, most clients are beneficiaries of managed health care services through Medicaid. Table 8 demonstrates 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](#).

Community Support Services offers services to Summit County residents, 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 behavioral health services for these clients through a sliding fee scale while agency staff works with the individual to apply for benefits.

Table 8. Client Income based on Percentage of Poverty Guidelines  
Source FQHC 2025 UDS Reports as of August 2025

Income % of Poverty Guideline	% of Clients
=<100%	61%
101%-150%	7%
151%-200%	3%
200%+	3%
Unknown	26%



## Housing

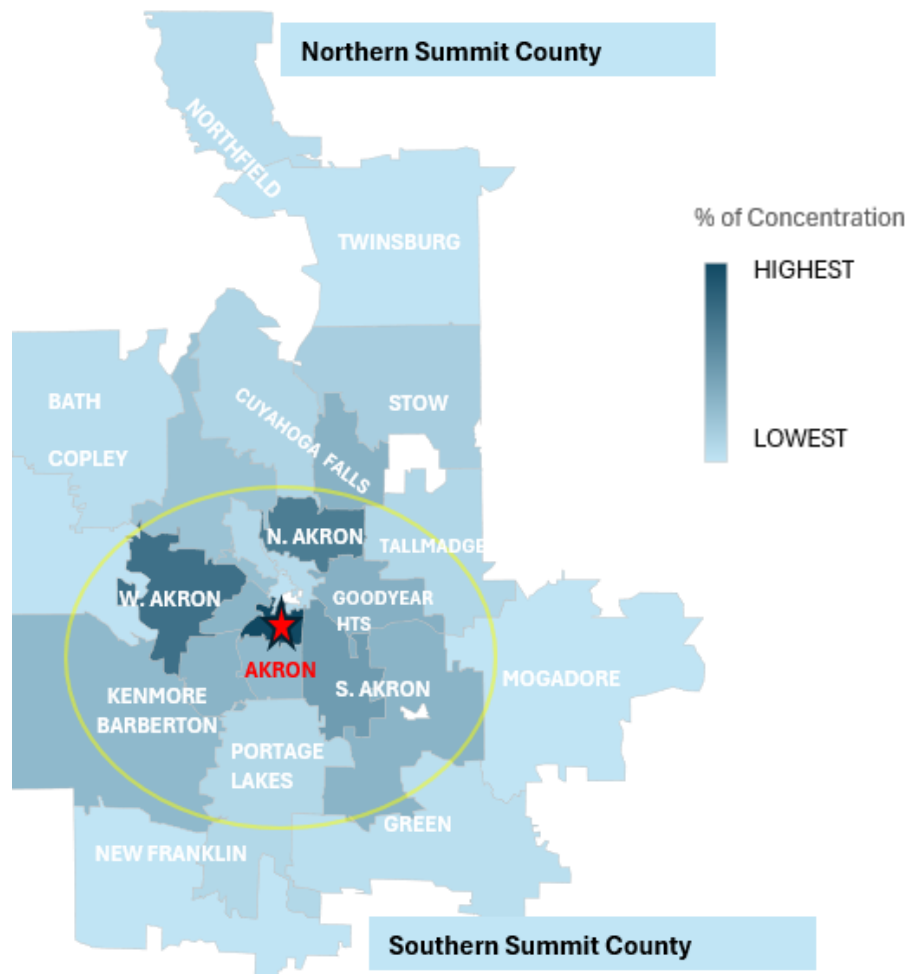
Table 9. Residence Types; August 2025

Clients live across Summit County in a variety of residential settings. 50.1% of clients reside in independent living locations. See Table 9 for each type of residence.

Clients reside primarily in Akron proper and neighboring communities. Figure 18 shows where clients live across Summit County. The darker the shade of blue, the more clients live in that area.

Residence Type	% of Clients
<i>Independent Housing</i>	<b>50.1%</b>
<i>Relatives Home/ Other</i>	<b>17.8%</b>
<i>Homeless</i>	<b>10.8%</b>
<i>Skilled Nursing Facility</i>	<b>1.0%</b>
<i>Unknown</i>	<b>9.3%</b>
<i>State Licensed Residential ACF</i>	<b>5.7%</b>
<i>State Hospital/ Correctional Facility</i>	<b>5.2%</b>

Figure 17. Map of Summit County, Ohio, Client's geographic location: FY 2025



# FY 2025 ONLINE REFERENCES AND SOURCES

1. [Mental Illness - National Institute of Mental Health \(NIMH\)](https://www.nimh.nih.gov/health/statistics/mental-illness)  
*<https://www.nimh.nih.gov/health/statistics/mental-illness>*
2. [National Survey on Drug Use and Health](https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national/2024-nsduh-annual-national.html-071425-edited/2024-nsduh-annual-national.htm#ami)  
*<https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national/2024-nsduh-annual-national.html-071425-edited/2024-nsduh-annual-national.htm#ami>*
3. [Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health](https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf)  
*<https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf>*
4. US Census Data: [Summit County, Ohio - Census Bureau Profile](https://data.census.gov/profile/Summit_County,_Ohio?g=05oXXooUS39153)  
*[https://data.census.gov/profile/Summit\\_County,\\_Ohio?g=05oXXooUS39153](https://data.census.gov/profile/Summit_County,_Ohio?g=05oXXooUS39153)*
5. [Federal Register :: Annual Update of the HHS Poverty Guidelines](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines)  
*<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>*