

FY
2019

Quality Improvement & Compliance *Annual Report*

Community Support Services, Inc.

July 1, 2018 to June 30, 2019



TABLE OF CONTENTS

Program and Services

Regional and Specialized Teams 4

Specialized Programs and Services 5-10

Quality Improvement & Compliance Program

Quality Improvement Program FY 2019 Overview 11-13

Quality Improvement Committees 14-19

Committee Participation 20

Who We Serve

Agency Caseload & Staff 21-22

Client Demographics 23-26

In The Community

FY 2019 Overview..... 27

Since 1988, Community Support Services, Inc. has offered life-changing comprehensive behavioral health care for residents of Summit County living with severe and persistent mental illness. In 2009, the organization opened the doors of the Margaret Clark Morgan Integrated Care Clinic to offer primary care services for clients served by Community Support Services. As the country and our community wrestle with complex issues around access to quality affordable healthcare for all, the organization renewed its commitment to be a Federally Qualified Health Center – Look Alike. With this focus, the organization has spent considerable effort in FY19 preparing to open the doors wider to meet the health needs of the community.

The Quality Improvement and Compliance (QIC) Annual Report is presented to stakeholders of Community Support Services to demonstrate excellence in service provision as a result of continuous performance monitoring and quality improvement.

The QIC Annual report has been designed to provide a snapshot of services and programs offered in FY 2019, while providing an analysis of Quality Improvement initiatives and reported measures for the year. The QIC Annual Report highlights our efforts and demonstrates the agency's progress in meeting QIC expectations and best practices during the year. Previous annual reporting was based on a calendar year. In an effort to transition to a fiscal year reporting format, this year's Quality Improvement & Compliance annual report is based on fiscal year (July 1, 2018 to June 30, 2019) data when possible.

During FY 2019, the agency completed several initiatives to improve the quality of care and/or strengthen the agency's financial position including the following:

- Reviewed HRSA requirements to be designated as a Federal Qualified Health Center Look-Alike making necessary adjustments and updates.
- Developed the organization's 340B drug purchasing program.
- Implemented Just in Time (JIT) scheduling for Psychiatry and Health Center services, in an effort to increase accessibility and improve outcomes.
- Reported and met Value Based Purchasing (VBP) measures through the Summit County ADM Board.
- Prepared for a CARF accreditation visit resulting in a 3-year accreditation with no recommendations.
- Developed and implemented a review of agency billing processes.
- Addressed ongoing concerns related to the changes occurring with OhioMHAS and Ohio Medicaid BH Redesign.

Additionally, Quality Improvement (QI) continued in its efforts to collaborate with Information Technology Services (IT) to streamline QI indicators and program service reviews to continue improving efficiency in the monitoring process while incorporating data collection for Healthcare Effectiveness Data and Information Set (HEDIS), Physician Quality Reporting System (PQRS), and HRSA required reporting.

CASE MANAGEMENT AND SPECIALIZED SERVICES

Case Management provides clients with Individualized Service Plans including interventions that address daily living skills, resource acquisition, medication management, etc. Community Rehabilitation Specialists (CRS) advocate and support clients in recovery by coordinating care to achieve the most effective outcomes. Regional treatment team caseloads are based on client's geographic location (see Figure 1).

Substance Abuse and Mental Illness Program of ACT (SAMI-PACT) provides wrap-around services for persons with significant mental health and substance dependence disorders; the agency implements the principles of the Dartmouth Assertive Community Treatment Scale (DACTS) model. This evidence based practice employs motivational interviewing techniques and a stage of change model to provide community-based services to address the unique needs of persons with severe mental illnesses and significant substance use disorders (see Figure 2).

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

Geriatric and Long Term Care team strives to ensure the highest quality of life for older adults. The 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 (see Figure 2).

Engagement Service Specialists provide outreach case management using various resources to locate and engage clients who have not consistently participated in treatment. Once re-engaged, clients learn

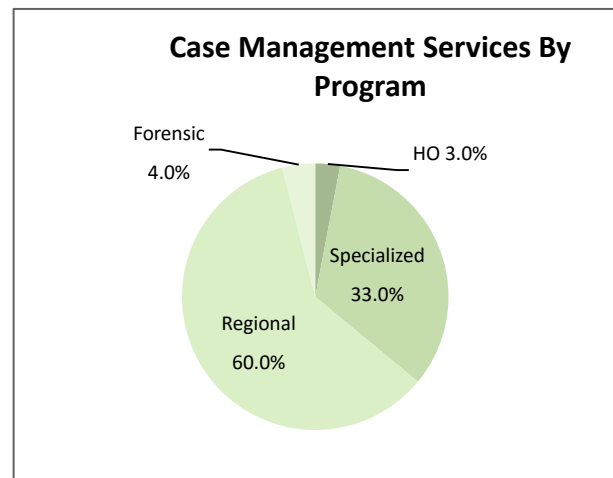


Figure 1. Distribution of the agency CPST caseload according to Program CPST service. (July 2019)

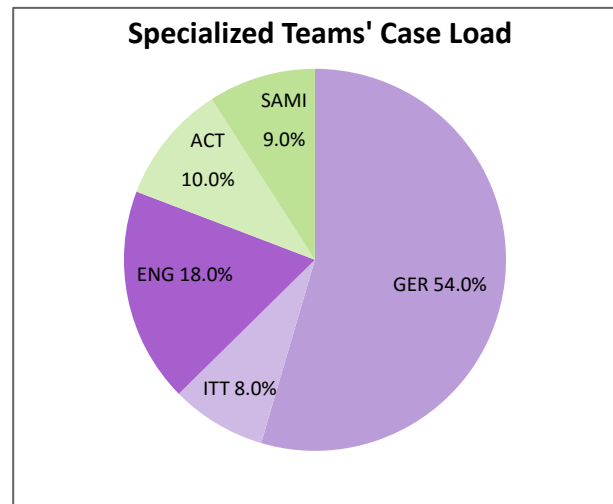


Figure 2. Distribution of Specialty CPST Team's caseload. (July 2019)

to minimize treatment barriers in order to transition to traditional case management and psychiatry services (see Figure 2).

HOME Choice, is a program offered by the Geriatric team. A Transition Coordinator assists eligible older adults and persons with disabilities in the transition from a facility-based placement to a home in the community. Supports include locating housing, coordinating benefits, and obtaining referrals for additional supports and services to ensure a successful transition into the community.

SSI/SSDI Outreach, Access, and Recovery (SOAR) provides service to individuals through trained staff members who have extensive knowledge of the benefit application process. The goals of the program are to expedite the SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance) application process, reduce barriers and increase the number of disabled adults receiving SSI/SSDI benefits for the first time.

Home Choice Services FY 2019

Number of Individuals Served:	12
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Representative Payee services assist individuals who are financially negatively impacted by symptoms of their mental illness to manage their 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.

Intake workers conduct Clinical Evaluation Assessment interviews with persons referred for mental health treatment. Intake workers determine a person's eligibility to receive services at either Community Support Services, Inc. or at Portage Path Behavioral Health.

Assessment specialists provide the initial contact with the agency after referral from Adult Mental Health Admissions. Through an in-depth assessment, specialists determine the unique strengths, needs, abilities and preferences of consumers in an effort to link them to appropriate agency programs and services, and other community based resources. An initial treatment plan is developed.

FORENSIC AND EMPLOYMENT SERVICES

Forensic Assertive Community Treatment (FACT) is an intensive team designed to service individuals who have severe and persistent mental illnesses with psychosis, extensive criminal history, and a current misdemeanor charge. Person(s) 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 and Mental Health Court (MHC) teams specialize in 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

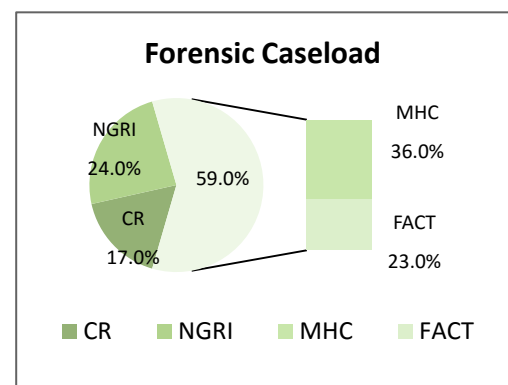


Figure 3. Distribution of the Forensic CPST Team's caseload. (August 2019)

Insanity” (NGRI) , supporting clients during Conditional Release (CR). The MHC team provides service to individuals facing qualifying misdemeanor charges in Akron, Stow and Barberton Courts.

Hope Mental Health Court is a specialty docket program of the Summit County Court of Common Pleas. The Forensic team provides a full range of agency services to individuals with felony 3, 4 and 5 charges who also have a qualifying mental health diagnosis and are determined appropriate for program services.

Crisis Intervention (CIT) provides immediate intervention for individuals who may be experiencing acute mental health symptoms. CIT staff works with Sherriff’s Deputies and Police Officers from local communities to intervene and promote mental health treatment.

Vocational and Employment services help to identify career interests as well as barriers to employment. The program(s) focuses on helping individuals secure and retain employment. Referrals are accepted from Community Support Services, Child Guidance & Family Solutions, Community Health Center, and Portage Path Behavioral Health.

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

Supported Employment CY 2018

Number of New Job Starts:	73
Average Hourly Wage	\$10.60
Average Weekly Work Hours	25 hours

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

INTEGRATED CARE

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

Pharmacological Management is comprised of community and clinic nursing, psychology, inpatient and outpatient psychiatry, and medication prescribing and monitoring.

Psychiatry Services Include board-certified psychiatrists who provide initial diagnostic evaluations, medication management, and consultation for all clients of the agency. If an individual needs to be admitted to the psychiatric unit of one of our local hospitals, the client will be treated by one of our agency psychiatrists; improving the continuity of care. In addition, to certification by the American Board of Psychiatry and Neurology, many of our psychiatrists have added qualifications in Forensic Psychiatry, Geriatric Psychiatry, or Addiction Psychiatry.

The Margaret Clark Morgan Integrated Care Clinic offers clients integrated physical and mental health care, including preventive medicine and management of chronic conditions such as diabetes and

hypertension. Primary care and psychiatry clinics, on-site laboratory and a Klein's Pharmacy retail outlet comprise the clinics. The staff includes board-certified physicians, advanced care nurse practitioners with national certifications in family medicine or psychiatry, registered nurse care coordinators, licensed practical nurses and medical assistants. The Clinic also offers specialty services on site at regular monthly intervals, such as dental clinic, mobile mammography and podiatry, in order to facilitate convenient, connected care.

The Clinic has served as a training site for psychiatry residents, advanced practice nurses (psychiatry and primary care specialties), and public health administration graduate students, and has formed many collaborative efforts with the Summit County Health Department to provide comprehensive health services to our consumers.

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

PEER SUPPORT SERVICES

Peer Support Services offer an opportunity for mental health consumers to receive assistance by someone who has been successful in a similar recovery journey. Peer Specialists, Recovery Specialists, model recovery, teach from personal experience and offer support to clients to assist them in achieving success in their own recovery. Recovery Specialist services are available across the agency and are represented in most clinical settings. During FY 2019, the agency employed seventeen (17) Recovery Specialists who worked just over 6,600 hours, providing 26,518 units of service.

RESIDENTIAL SERVICES

Residential Services includes Residential Treatment, and Supportive and Independent living facilities (see Figure 4 for SFY 2019 Census). Residential Services also assists individuals with placement into Adult Care Facilities and offers Housing Assistance and Loan Assistance Programs (HAP & LAP).

Independent Living facilities include Safe Havens. In 2015, The Veteran's Safe Haven was opened, a Housing First program aimed to provide housing and stabilize veterans who are Chronically Homeless with Severe and Persistent Mental Illness. The ultimate goal of this program is to link program participants to permanent housing and services. All program participants must be Veterans who were honorably discharged and have a severe and persistent mental illness.

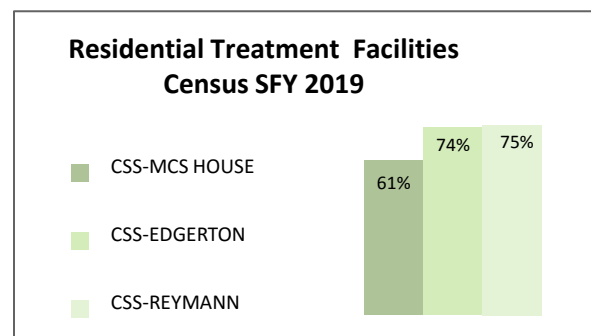


Figure 4. Residential Services; Residential/Group Home Treatment based on monthly census, (FY

Supportive living facilities currently include three locations. The Commons at Madaline Park opened in 2014, and a second building 2016. Each building has a total of sixty (60) units; both featuring one room apartments. Stoney Pointe Commons opened in 2018; the first phase for Stoney Pointe has sixty-eight (68) one-bedroom apartments with eight (8) HUD VASH units. The construction for Phase II Stoney Pointe has started and will provide an additional 45 apartments. It is anticipated that this phase will be completed in early 2020.

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

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

Returning Home Ohio (RHO) is a permanent supportive housing program created in collaboration with the Ohio Department of Rehabilitation and Correction (ODRC) and Corporation for Supportive Housing (CSH) to prevent homelessness for offenders released from ODRC state institutions identified as homeless or at risk of homelessness upon release and fall into one of 2 categories: 1) Severe and persistent mental illness (SPMI) with or without a co-occurring disorder; 2) HIV with or without a SPMI. Targeted referrals are those being most likely to require supportive services in order to maintain housing and stability. Referrals are also accepted from community providers and offenders themselves.

Blue Heron is a permanent supportive housing program that targets individuals experiencing chronic homelessness; a severe and persistent mental illness (SPMI) and substance abuse issues identified as being most likely to require supportive services in order to maintain housing and stability. Referrals are also accepted from community providers such as homeless shelters, Projects for Assistance in Transition from Homelessness (PATH) teams and halfway houses.

Intensive Treatment Services 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 thought disorders and Day Treatment serves as an alternative to inpatient hospitalization and provides education regarding mental illnesses as well as assists individuals in processing current stressors.

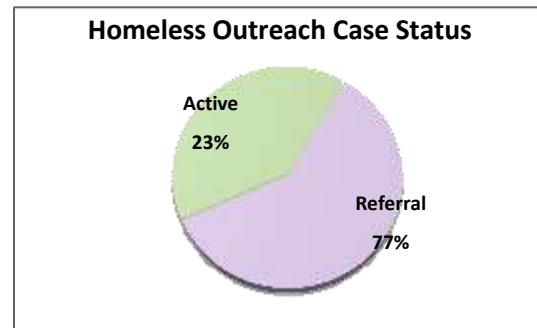


Figure 5. Client's agency status for Homeless Outreach's caseload. (August 2019)

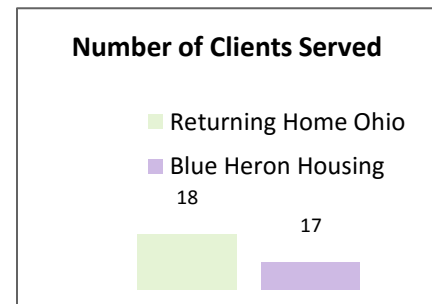


Figure 6. Clients that received Returning Home Ohio and Blue Heron Housing program clients in FY 2019.

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 through the use of art materials in a safe and facilitating environment through individual and/or group sessions.

Art Therapy Services FY 2019	
Number of Individuals Served:	29

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

Table 1. Grievances/Complaints by Subject/Department, Source and Resolution FY 2019-Calendar Year 2016

CLIENT RIGHTS AND ADVOCACY

In FY19, Community Support Services received 114 client rights complaints with most of the rights concerns centered on case management, payee services, and prescribers. This is a consistent with prior years. Most of the concerns originate with the clients although family members and other agencies continue to serve as advocates.

Most of the client rights complaints are readily resolved when misunderstandings or miscommunication are addressed. For most of the complaints, no further follow-up is warranted. In limited circumstances, it may be necessary for staff discipline and/or policy update. In FY19, this occurred in approximately 5% of the complaints filed.

As the organization expands its services to include Health Center only patients and Veterans, the organization is revisiting its existing policies around client rights to ensure the rights procedures are inclusive of all persons who may use services

		FY 2019	CY 2017	CY 2016
SUBJECT/DEPARTMENT				
	Another Client	6	2	4
	Case Management	44	46	49
	Payee/Finance	24	22	55
	Pharm. Mgmt.	24	22	55
	Front Desk/ Support	0	1	3
	Residential	6	12	6
	Employment	0	0	0
	Whole Agency	5	4	3
	Outside	1	10	1
	Homeless Outreach	1	1	3
	Counseling	0	1	0
	Billing	0	1	0
	Other	9	9	9
	TOTAL	114	132	144
SOURCE				
	Client	89	96	126
	Family	12	25	13
	Disability Legal Rights	0	0	0
	Other Agency	4	6	3
	ADM Board	0	1	0
	Health Center	0	0	0
	CSS Staff	9	4	2
	TOTAL	114	132	144
RESOLUTIONS				
	Explanation Given	89	92	117
	Referral Made	3	3	1
	Staff Correction	5	14	10
	Policy Recommendation	1	0	0
	Withdrawn/No Response	9	18	14
	TOTAL	114	132	145

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

As a FQHC Look Alike, Community Support Services is evaluated on several measures (see Table 2) emphasizing health outcomes and the value of care delivered. Performance measures align with national standards and are commonly used by Medicare, Medicaid, and 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. In FY20, the agency will begin to develop quality improvement projects based on identified areas.

Table 2. Quality of Care Indicators monitored by the Primary Care Clinic Committee CY 2018

2018 QUALITY OF CARE MEASURES		CY 2018 RESULTS
Perinatal Health		
	Access to Prenatal Care	100%
	Low Birth Rate	0%
Preventive Health Screening & Services		
	Cervical Cancer Screening	17.56%
	Weight Assessment and Counseling for Nutrition & Physical Activity for Children and Adolescents	0%
	Body Mass Index (BMI) Screening and Follow-up	37.19%
	Adults Screened for Tobacco Use and Receiving Cessation Intervention	67.97%
	Colorectal Cancer Screening	5.27%
	Childhood Immunization Status 7	0%
	Screening for Clinical Depression and Follow-Up Plan	3.4%
	Dental Sealants for Children between 6-9 Years	0%
Chronic Disease Management		
	Use of Appropriate Medication for Asthma	58.33%
	Coronary Artery Disease (CAD): Lipid Therapy	65.31%
	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	68.08%
	Controlling High Blood Pressure (Hypertensive Patients with Blood Pressure < 140/90)	13.1%
	Diabetes: Hemoglobin A1c Poor Control 8 (Diabetic Patients with HbA1c > 9%) or No Test During Year	16.41%
	HIV Linkage to Care	100%

The Quality Improvement & Compliance 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.

The purpose of the Quality Improvement and Compliance Program 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.

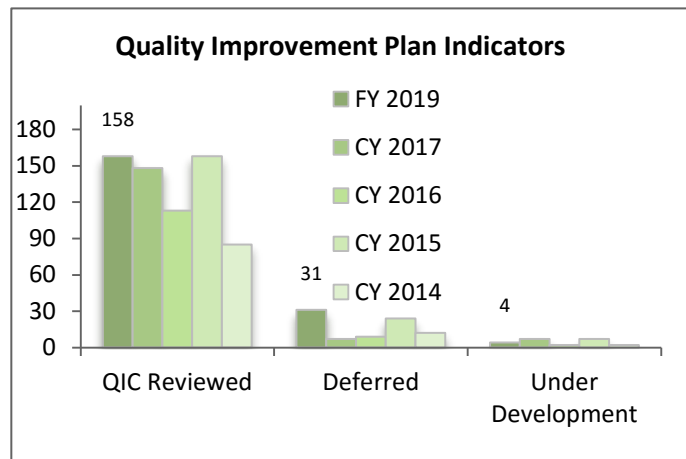


Figure 7. Quality Improvement Plan Indicators FY 2019-CY 2014

FY 2019 INDICATORS

To determine and evaluate important aspects of clinical care one-hundred and fifty-eight (158) outcome indicators were reviewed by the Quality Improvement & Compliance Committee in FY 2019 (see Figure 7).

Indicator Category	Total Number Reported to QUALITY IMPROVEMENT & COMPLIANCE	*Number of Indicators Deferred	Number of Indicators Under Development
Efficiency	47	8	2
Effectiveness	69	22	2
Accessibility	28	1	0
Satisfaction	7	2	0
Peer Review	2	1	0
Target Compliance	1	0	0
Total	158	31	4

Table 2. Quality Improvement Plan Indicator by key area category as: Reported, Deferred or Under Development in FY 2019 (some indicators measure more than one key area and/or were reported more than once)

Analysis of these indicators affords the Quality Improvement & Compliance committee the opportunity to assess risk, identify potential problems and areas requiring or showing improvement. To stay on target, the Quality Improvement & Compliance Committee monitors, assesses and measures performance, against a series of indicators and goals. Most of the indicators are based on service

delivery performance and are categorized in four key areas: Effectiveness, Efficiency, Accessibility and Satisfaction (see Table 3).

Improvement in reported indicators was seen in each quarter during FY 2019 (see figure 8). Overall, there was a 63% improvement among all indicators with identified thresholds that were reported. In FY 2019, indicators measuring effectiveness were reported to have the greatest improvement (see Figure 9).

Eighty percent (80%) of all reported indicators were reported to be at or above an Eighty percent (80%)

compliance threshold range (see Figure 10).

Indicators not at or above the desired threshold are subject to further review by the Quality Improvement & Compliance committee and a plan of action is developed to improve outcomes and performance.

During the year, case file reviews were completed as scheduled. Several utilization and target reviews were also conducted for baseline reporting. These baseline reports help in the development of meaningful indicators for Quality Improvement monitoring in FY 2020.

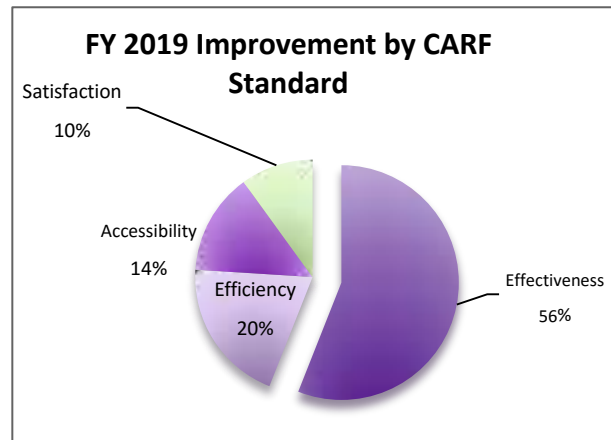


Figure 8. Reported Quality Improvement by Quarter FY 2019

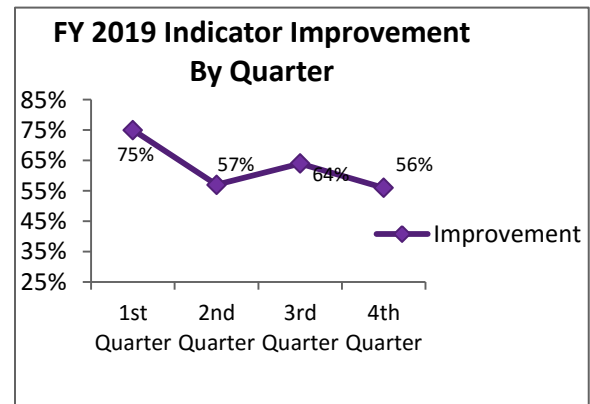


Figure 9. Reported Quality Improvement by CARF Standard FY 2019

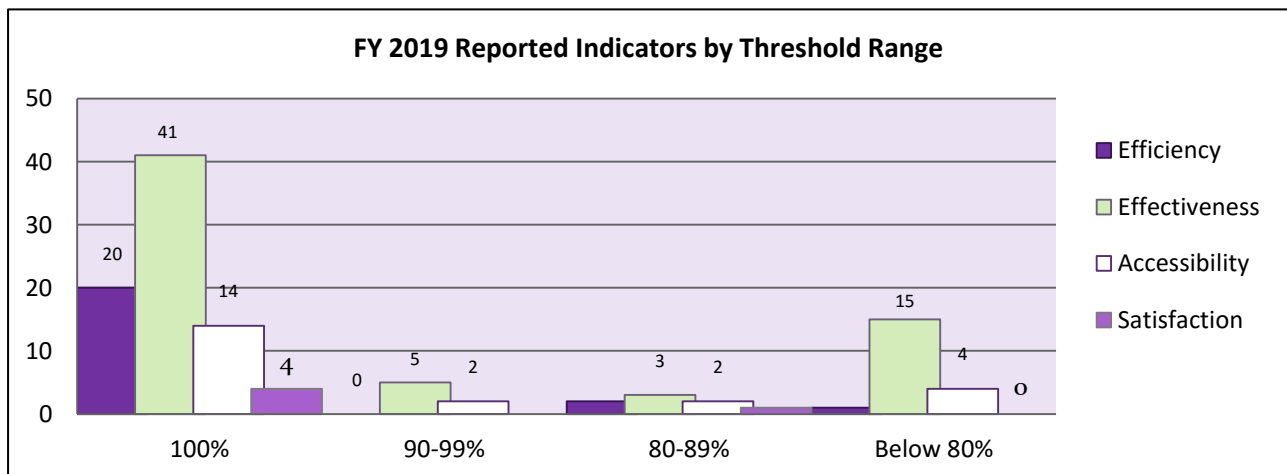


Figure 10. FY 2019 Reported Indicators by Threshold Range.

There was a continued decrease in the total number of sample cases reviewed. This is a result of Quality Improvement's focus on reporting agency- wide population outcomes; vs representative case sample audits. Below, are quarterly agency-wide outcomes that were reported during FY 2019 (see Table 3.) These four measures were part of the Value Based Purchasing (VBP) indicators and reported during FY 2019 to the Summit County Alcohol, Drug Addiction & Mental Health Services Board (ADM).

In addition, thirteen (13) quarterly measures and twenty-five (25) annual measures related to access, efficiency, effectiveness and satisfaction for a variety of agency programs were also reported to the ADM.

Table 3. Quality Improvement Value Based Purchasing Quarterly Indicators. FY 2019

VBP Indicator	Threshold	Quarterly Average	
		FY 2019	FY 2018
All new referrals for services will be seen within 7 business days from initial receipt of referral	70%	69.8%	67.9%
All new referrals for services will be engaged or referred to Intensive Services Outreach within 21 business days of referral.	95%	93.5%	NR
All new referral clients are seen by psychiatrist/nurse within 30 days of referral.	95%	85.3%	78.2%
Percentage of agency caseload seen by a treatment team provider in the last 90 days.	90%	95.1%	88%

CLIENT CARE MONITORING

There were seventeen (17) challenging cases presented to the Client Care Monitoring Committee (CCM) during FY 2019. Seventy (78) deaths were reported this year (See Figure 11). No death investigations were reviewed to date.

The seventeen (17) case presentations were a continued increase from fourteen in 2017 (seven in 2016).

The challenging cases reviewed during FY 2019 continue to present with various issues related to payee ship, housing, problematic behaviors and substance abuse. However, in most cases, these issues related back to the challenge to effectively engage individuals in treatment. Several of the cases reviewed were submitted for Grand Rounds to the ADM. All committee case recommendations were completed.

There was an increase in client deaths in FY 2019 (59 in 2017; 74 in 2016; 73 in 2015). Of the seventy-eight (78) deaths; fifty (50) were from natural causes, eighteen (18) were unknown causes; three were overdose deaths, two suicides, three homicides, and two accidental deaths.

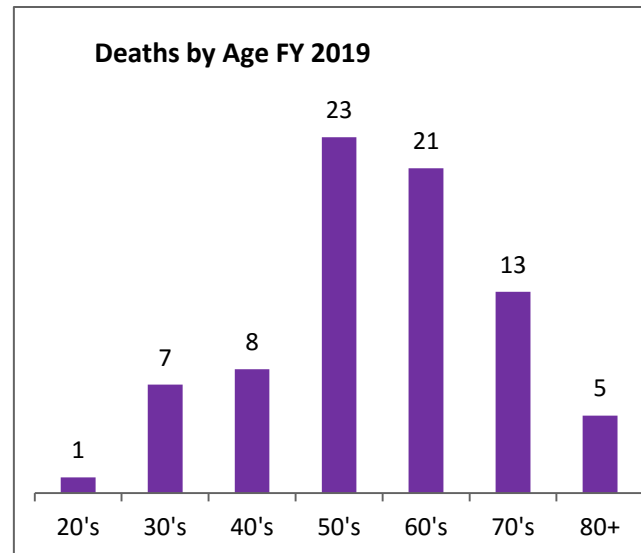


Figure 11. Client Deaths based on age at time of death; FY 2019

COMPLIANCE AND RISK MANAGEMENT

The Compliance and Risk Management (C&RM) Committee continues met quarterly throughout FY 2019 to review indicators related to clinical documentation and utilization for compliance to established clinical best practices and agency's policies and procedures (see Figure 12). Compliance Chart Reviews, with indicators related to treatment planning, service provision and client progress were reviewed to determine if the staff members were adhering to aforementioned practices.

An annual review of the Home Choice program has presented results suggesting the program has been extremely successful in moving clients to various levels of community-based housing from long-term nursing home placements.

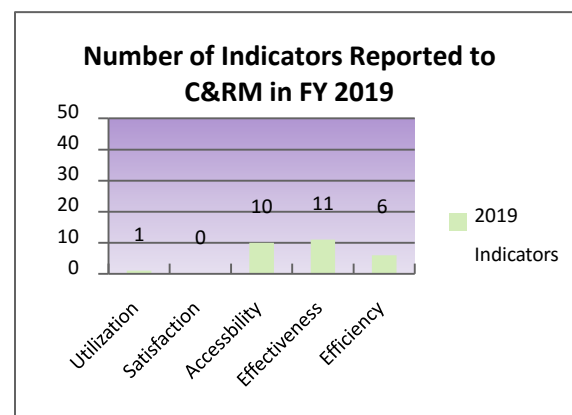


Figure 12. Number of indicators reported to C&RM by during FY 2019 according to CARF Standard

A new Finance and Billing review was developed and reported quarterly to ensure efficiency of billing processes, turnaround time, and actual charges and paid reimbursement rates. This quarterly review will continue in FY 2020.

Case Chart Reviews for case management services were conducted quarterly during FY 2019 for new, active and closed cases. The reported results indicate compliance in the areas of treatment planning, informed HIPPA security, informed consent and administering and the documentation of the National Outcomes Measures. In addition, continued improvement was noted in areas related to Discharge planning and engagement efforts.

Assertive Community Treatment (ACT) teams exceeded the minimum fidelity score of “3”. Continued efforts to increase outreach visits and the complete individual crisis plans among these specialty teams will be made to increase fidelity and meet the desired thresholds.

RESEARCH AND OUTCOMES

The Research and Outcomes committee (ROC) met four (4) times in 2019 and reviewed 57 indicators (see Figure 13).

During the year, one research proposal was submitted by Laura Sprague. Her research was designed to evaluate the impact of a modified Myers’ cocktail of micronutrients on psychopharmacological medication changes in persons with severe mental illness.

This committee continues to review the variables regarding individuals hospitalized for psychiatric reasons to both reduce the initial hospitalization as well those that are subsequently re-hospitalized. Although our number of individuals hospitalized is minimal, we continue to look for ways to improve even further. During the final quarter of this year Community Support Services started receiving data from Suma and Akron General.

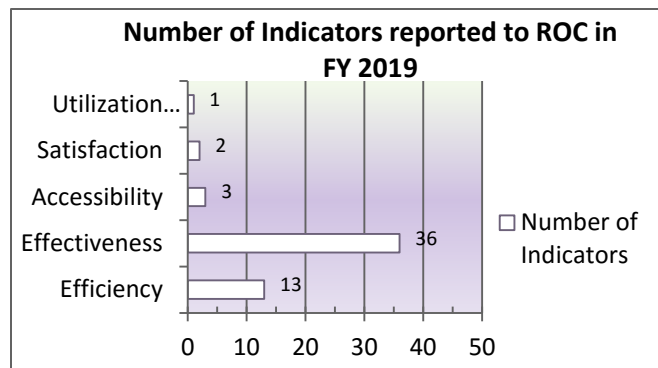


Figure 13. Indicators reported to Research & Outcomes Committee during FY 2019 according to CARF standard.

ADM VBP Indicators relevant to the committee are reviewed on a quarterly basis to ensure the agency is on track for meeting the established threshold.

The impact of Adjunctive Art therapy on improvement in psychiatric symptoms utilizing the Brief Psychiatric Rating Scale was scheduled for review in 2018 but there was insufficient data to complete the review.

This is an active committee where much work is conducted between meetings geared toward continual analysis and improvement of our services all targeted to improve outcomes for those we serve.

RECOVERY ADVISORY COUNCIL

In FY 2019, six Recovery Advisory Council (RAC) meetings were held. The chairperson resumed the role of composing LIFE CHAT; published three times per year. Committee activity during FY 2019 included review of end-of-year (2018) post-discharge and satisfaction surveys.

18% of clients agency-wide completed client satisfaction surveys in FY 2019.

The Director of Marketing and Development began attendance to RAC meetings in at the end of the fiscal year in an effort to gather ideas from members for increasing CSS' visibility in the community. These discussions led to member suggestions for having lobby t Wi-Fi access, resulting in the Information Technology (IT) department testing numerous IT ideas with the committee members before introducing them to clients-at-large.

At each meeting, Health Center services were discussed with members to gain feedback and insight on the client's experience. Feedback remains positive. Co-Chairs intensified recruitment efforts to increase participation; resulting in numerous clients committing to attend the RAC meeting.

The supervisor of Supported Employment Services expressed an interest in featuring employment success stories in the LIFE CHAT newsletter. The first story is scheduled to be placed in the first FY 2020 issue.

RECOGNITION & RETENTION

The Recognition and Retention (R&R) committee seeks new and creative activities and programs to reward employees for service and longevity. In FY19, the committee oversaw a number of such programs. In addition to the traditional end-of-year, Halloween (Autumn Harvest), Spring Flower giveaway, and Executive lunch BBQ, the committee also held an ice cream social, a pot luck luncheon, a chili-cook off, a create-a-valentine event, and created the adopt-a-planter program. The committee's longstanding "Catch the Spirit" awards, wherein employees are recognized by clients and peers, totaled 295 for the year.

Staff earned 295 Catch the Spirit Awards during FY 2019

INCLUSION & DIVERSITY

The Inclusion & Diversity Committee started FY 2019 with a change in leadership. Committee members were active in developing a personal definition of inclusion and refocused on the three core values: Honesty, Respect, and Trust. The committee and volunteers represented the agency at the 2018 Akron Pride Festival to demonstrate that the agency is an LGBTQ affirmative organization and to provide outreach to this demographic group. The committee also hosted a Cultural Diversity Fair to celebrate International Day of Peace for all staff to participate in. The Inclusion Ambassador program was redesigned as an ongoing initiative to outreach and support new and existing staff. Committee members presented at each of the All Staff meetings to remind staff about the initiatives of the committee and utilized ice breakers to work toward understanding between agency staff. Efforts to bring the employees of the committee together in the spirit of inclusion are ongoing.

STAFF TRAINING & EDUCATION

The Staff Training and Education (ST&E) committee provided three internal educational opportunities in FY 2019. There were a total of 12.5 continuing education hours available to all staff members of Community Support Services, Inc. Klein's Pharmacy offered a Medication 101 training to discuss type of medications and medication management. Mental Health First Training was offered to help individuals learn to identify signs and symptoms of mental illness along with handling a mental health crisis. This was one-day training and requests to offer this training again have been received. Stacy Simera, MSSA, LISW-S

conducted an ethics training to provide continuing education ethic credits for licensed social workers and counselors. Stacy discussed ethical standards and Ohio law and rules, ethical dilemmas with clients, and situations that may lead to malpractice risk. The committee continued to discuss videotaping medication assistance training to provide to residential treatment homes staff members to help to continue to decrease medication errors in agency residential sites.

The Chairperson was one of two individuals in Summit County to be trained to facilitate Question, Persuade, and Refer (QPR) Suicide Prevention Training and has begun to train new staff using the model. In addition, the chairperson was trained to be a trainer in Safety-Care Behavioral Safety training (Non-Violent Crisis Intervention) which has replaced CPI.

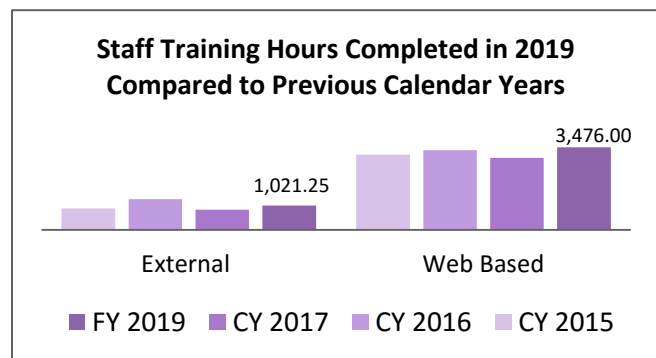


Figure 14. Number of Hours Staff Dedicated to Training. (FY 2019)3-2016)

The agency also began working with HealthStream Learning System which has taken the place of Relias; the agency's web-based training system. Staff completed 3,476 hours of web-based learning between these two systems. HealthStream also allows for licensed staff to gain continuing education credits as well as allows all staff to self-enroll in any course available.

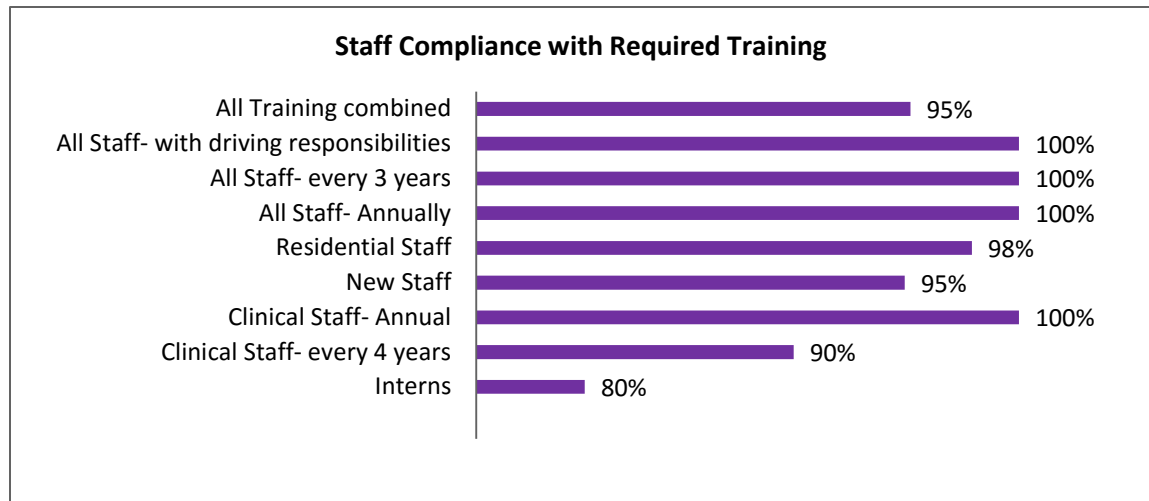


Figure 15. Staff Compliance with Required Agency Training. (FY 2019.)

CREDENTIALING

The Credentialing Committee provides oversight to the establishment and renewal of clinical privileges under FQHC guidelines. In FY 2019, twenty-six (26) providers had their privileges renewed and eight (8) new staff members were awarded privileges. The privileging/re-privileging process under FQHC guidelines includes a review of performance/competency, applicable license verification (credentials) immunization status, and certain required trainings. In FY 2019, the use of Titrers testing for missing immunizations was implemented, along with the use of an online compliance training source. The committee provided oversight to the renewal of an additional fifty (50) position-required and/or compensation related licensure and/or other non-privileged credentials.

HEALTH & SAFETY

There were one-hundred and thirty-eight (138) completed inspections generating two-hundred and two (202) Safety Work Orders. All deficiencies were corrected.

According to the Center for Disease Control's National Vital Statistics System the US life expectancy at birth was 78.6 for the total population.

The World Health Organization reports a 10-25 year life expectancy reduction in individuals with significant mental illness. In FY19, Community Support Services lost 78 clients to death with the average age of death of 60 years (see table 4). Please note FY 2019 is compared to previous calendar year (CY) reporting data.

In non-death related MUI's, (see table 5) there was no significant increases in any of the categories monitored; however, two new categories were established to track suspected substance use and mental health emergency. These two categories are comprised primarily of incidents that occur in residential sites.

When possible, other classifications will be used when appropriate (i.e. suicide attempt or medication diversion).

The medication errors were also further reviewed as there were a number of issues labeled as medication error when in fact the incidents didn't constitute medication errors, but rather some procedural concern to be addressed.

Continued efforts are made 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.

Table 4. Major Unusual Incident Death & Non Death Related Trends

	FY 2019	CY 2017	CY 2016
MAJOR UNUSUAL INCIDENT (MUI) REPORTS			
Non-Death Related:			
Other	16	3	58
Health Center	0	0	0
Verbal Aggression	46	39	16
Illness	31	24	28
Fall	24	38	25
Physical Aggression	20	16	18
Property Damage/Loss	18	19	16
Injury	21	6	10
AWOL	10	9	7
Building Emergency	5	0	0
Non-Participation in Drill	4	4	9
Suicide Threat	17	5	6
*Mental Health Emergency	31	NR	NR
*Suspected Substance Abuse	16	NR	NR
Medication Error	7	18	16
*Medication Issue	15	NR	NR
Medication Diversion	0	0	0
Auto Accident (Staff)	10	11	10
Alleged Sexual Assault	3	0	0
Alleged Criminal Activity	4	3	4
Infection Control	8	1	0
Seizure	7	7	5
Suicide Attempt	4	11	1
Alleged Abuse/Neglect	4	4	2
Weapon	5	1	2
Alarm	3	0	2
Code Red (Fire)	1	0	2
Code Blue (Medical)	14	1	1
Code Green (Behavior)	3	2	1
Code Black (Tornado)	0	0	0
Total of all MUI Reports	407	293	269
Death Related:			
Unknown Cause	18	11	18
Illness/Natural Cause	50	34	46
Suicide	2	2	2
Suspected/Confirmed Heroin OD	3	6	6
Homicide	3	3	1
Accidental	2	3	NR
Total Death Related	78	59	73

*New FY 2019 Reporting Category

The Quality Improvement Program would like to thank each person who served on a standing committee during FY 2019

You participation and commitment to Quality Improvement is greatly Appreciated!

Thank You!

Members dedicated over 525 hours to committee work in FY2019

COMMITTEE MEMBERS

Allyson Williams
Amanda Tanner
Andrea Evans
AJ Brown
Barbara Krannich
Becki Thompson
Bob Stokes
Brittany Gardner
Bruce Winer
Candace Talty
Christa Graves
Christiann Craig
Cindy Johnson
Danielle Sims
Danya Bailey
Denise Cunningham
Doug Wagner
Dr. M. Elahi
Dr. S. Massau
Dr. E. Schwartz
Fran Thomas
James Karpawich
Jan Jones
Janet Catalano
Jon Garey
Julie Dyer

Karen Flurry
Kay Bowman
Keith Stahl
Kimberly Hartman
Kim Meals
LaSalle Harris
Lee Snyder
Linda Omobien
Lora Walker
Lorilee Stein
Melissa Davis
Michel Nepesa
Michelle Montgomery
Nancy Young
Narkeetah Brazil
Nicole Durbin
Patricia Rohlender
Penny Moore
Ragan Leff
Ryan YOUNKINS
Sean Lynch
Stephanie Sanders
Tasha Young
Tim Edgar
Tim Mullender
Tonia Azaldi
Trina Mitchell

AGENCY CASELOAD

Community Support Services, Inc. provided service to 5,797 unique individuals during 2017.

At the end of FY 2019, there were 3,542 clients on the agency's caseload (see Figure 16).

The agency's caseload (active and referral status cases) continues to increase. This is largely due to the continued addition of new and expanded agency program services, our successful efforts to provide comprehensive health care services, and quality coordination of care. On average, there were 152 new agency active admissions each quarter during FY 2019. That is a 10% increase in the new admissions quarterly average in comparison to previous reported calendar years.

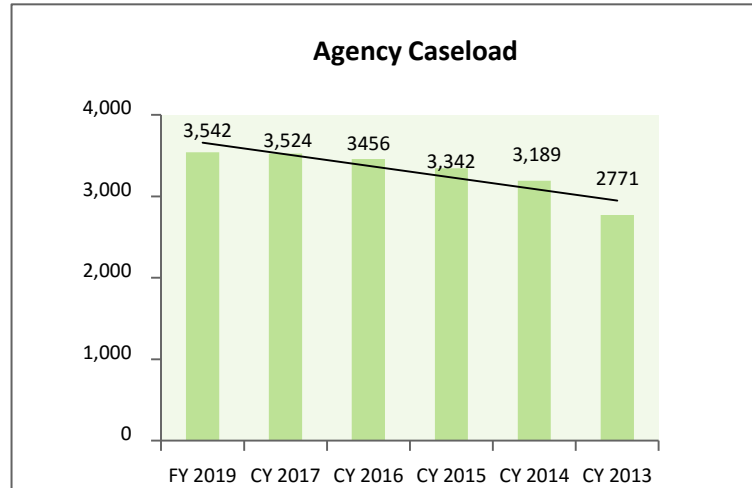


Figure 16. Agency Active and Referral Status Caseload (FY 2019- CY 2013:2017.)

SERVICE PROVISION & AGENCY STAFF

During FY 2019, the agency employed approximately 286 employees. 73% are Direct Service providers

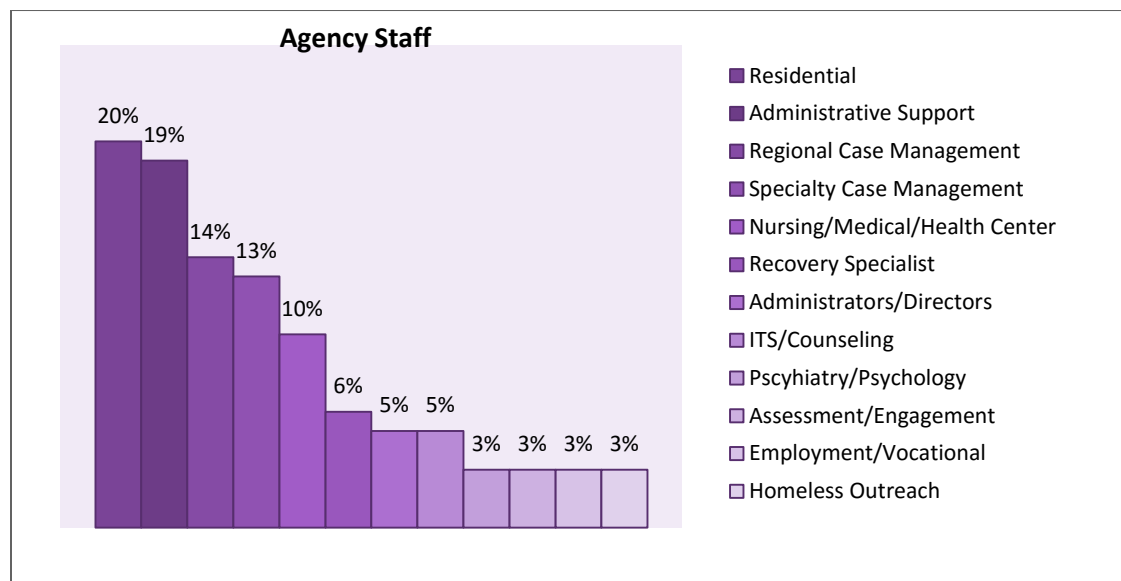


Figure 17. Agency Staff according to Program Role (August 2019)

while the remaining, work in administrative and support staff roles (see Figure 17).

Service provision (based on the total number of documented hours) in FY 2019 demonstrates that the bulk of agency services can be found among case management services (see Figure 18). The separation of case management services among CPST, PSR and TBS services is a significant change from prior reports and is a result of the changes in billing and coding procedures to meet the guidelines with the Behavioral Healthcare changes during FY 2019.

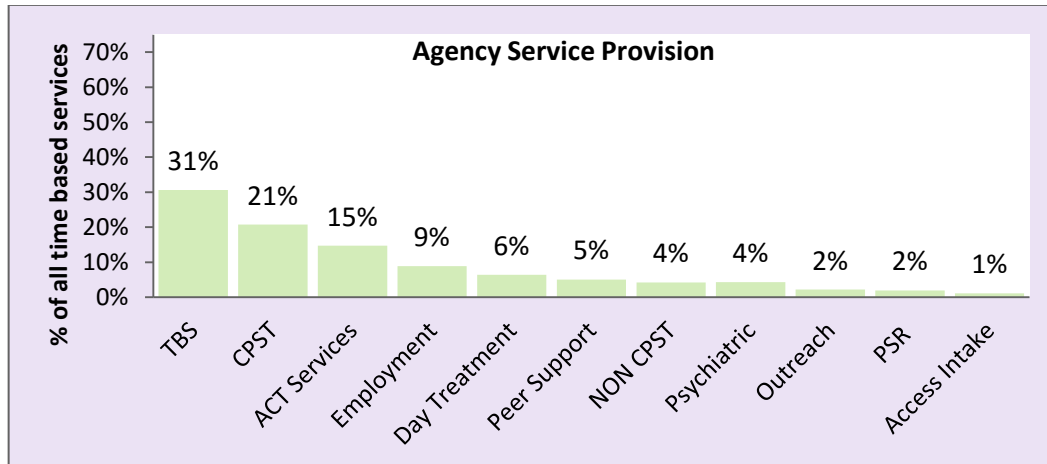


Figure 18. Agency Services (based on hours) provided in FY 2019

**Non-CPST Services includes: state hospital travel time, Home Choice, Art Therapy, Returning Home Ohio, Jail /Court contact, Adult Protective Services, Forensic report writing and note- only services.*

In FY 2019, the Primary Care Clinic provided wrap-around healthcare services. Combined, there were 6,473 documented Outpatient office visits (see Figure 19), for 1,572 unique patients.

At the start of FY 2019, Just In Time (JIT) scheduling was implemented for Psychiatry and Primary Care Services. In the prior FY 2018 the no show rate for Primary Care was 22.42% and 15.54% for Psychiatry (see Figure 20 and 21.). For Psychiatry there was a reported 11% change from the 2018 reported baseline.

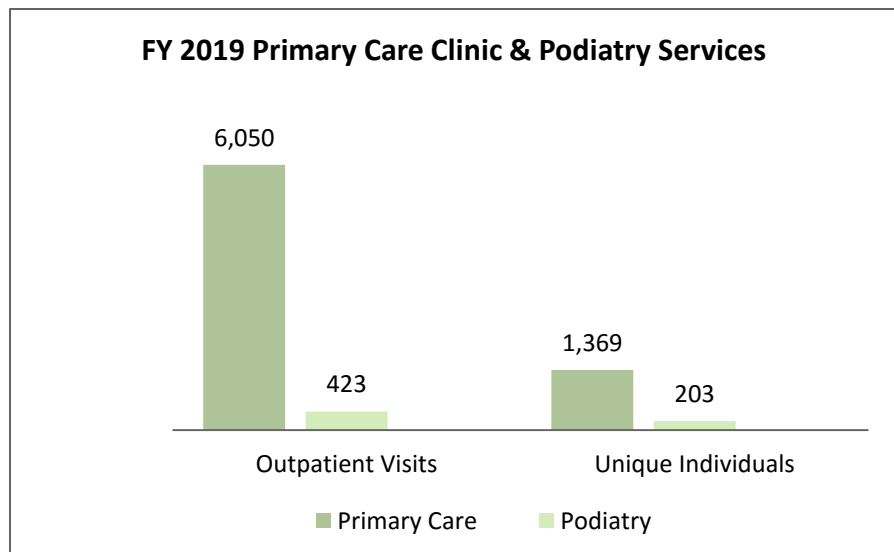


Figure 19. Number of Outpatient Encounters in FY 2019 for Primary Care and Podiatry

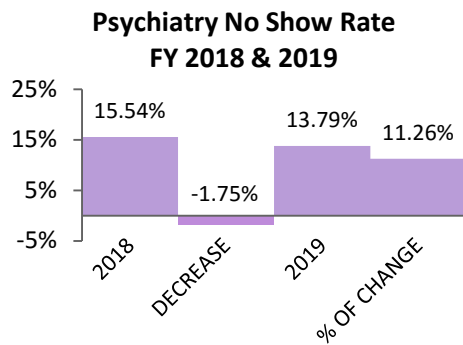


Figure 20. Comparison of psychiatry no-show rate FY 2019 and FY 2018

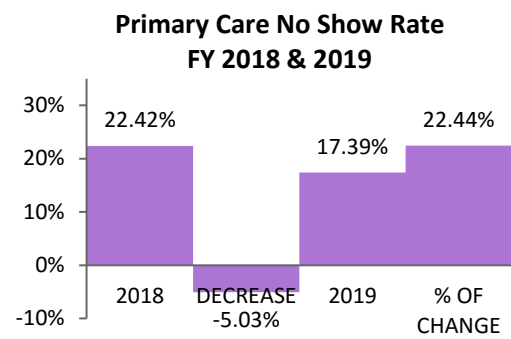


Figure 21. Comparison of primary care no-show rate FY 2019 and FY 2018

CLIENT DIAGNOSIS

The 2016 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health

Services Administration (SAMHSA), reported an estimated 44.7 million (18.3%) Americans ages 18 and older experience some form of mental illness. Two broad categories are used to identify mild/moderate to severe impairment from a diagnosed mental illness; Any mental illness (AMI) and Serious Mental Illness (SMI). SMI is defined by the National Institute of Mental Health as “a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities”. The agency provides services to those that meet SMI diagnostic criteria.

Table 6. Number of Clients seen with Primary Mental Health Diagnosis based on ICD10 2018 Code F20-F69-Mental, Behavioral & Neurodevelopmental Disorders FY 2019

Also according to the 2016 SAMHSA report, “among the 10.4 million adults with SMI, 6.7 million (64.8%) received mental health treatment in the past year.”

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

F20-F69:Mental, Behavioral & Neurodevelopmental Disorders	2019	% of diagnoses
Schizophrenia	1912	50%
Mood Disorders	1476	38%
Anxiety Related	429	11%
Behavioral & Personality D/O	38	1%

CLIENT DEMOGRAPHICS

GENDER, AGE, RACE AND ETHNICITY

According to the United States Census Bureau, the estimated 2017 population in Summit County, Ohio was 500,300; comprised of 51.5% females. 77.6% of residents are classified by race/ethnicity as “White alone, not Hispanic or Latino”. 8.9% are noted to be “with a disability under age sixty-five (65)”. 8% of homes in Summit County have languages other than English spoken among family members (older than five years old). 13.7% of Summit County residents are identified as “Persons in poverty”.

An agency wide effort continued in FY 2019 to obtain and record meaningful demographic information for clients served. This practice will continue in FY 2020.

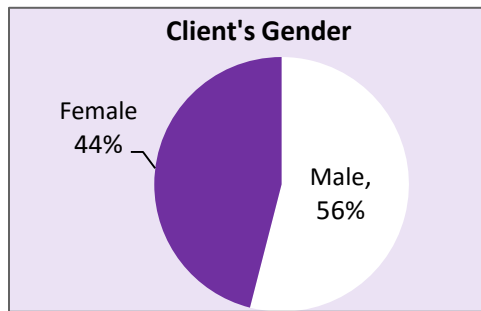


Figure 22. Client's Gender; FY 2019

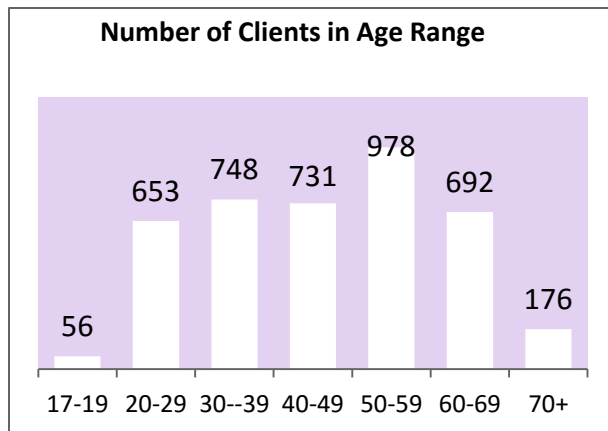


Figure 23. Client's Age According to Age Range; FY 2019

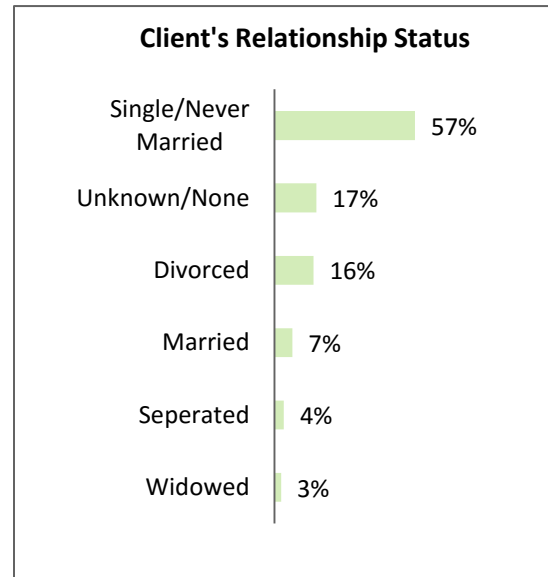


Figure 24. Client's Relationship Status; FY 2019

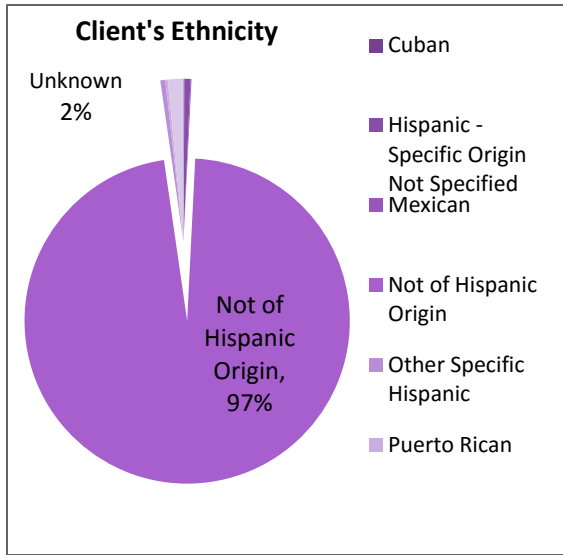


Figure 25. Client's Ethnicity Status; FY 2019

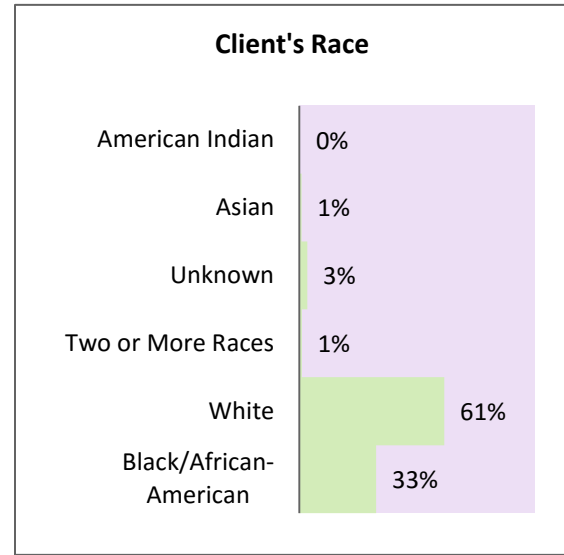


Figure 26. Client's Race; FY 2019

INCOME AND BENEFITS

Community Support Services is proud to offer several life changing services through the financial support of the Summit County ADM Board including Supported Employment, Residential Treatment and Art Therapy. For individuals without other insurance the funding from the Summit County ADM Board helps to pay for traditional Mental Health Treatment.

The following income and insurance data is as reported following FQHC UDS requirements for January 1, 2018 to December 31, 2018

Table 7 Number of Client's income based on the Poverty Guideline CY 2018

Income % of Poverty Guideline	of Clients
100%	2409
101%-150%	265
151%-200%	82
200%+	97
Unknown	1181

Table 8 Client's Insurance Source CY 2018

Client's Insurance Source	FY 2019
None	7%
Medicaid	52%
Medicare	12%
Dual Eligible Medicaid/Medicare	26%
Private Insurance	4%

*Patient income is presented as a percent of the Federal poverty guideline set forth at <https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines>

GEOGRAPHIC LOCATION

Clients reside throughout Summit County, but are most concentrated in Akron and surrounding communities (see figure 27.).

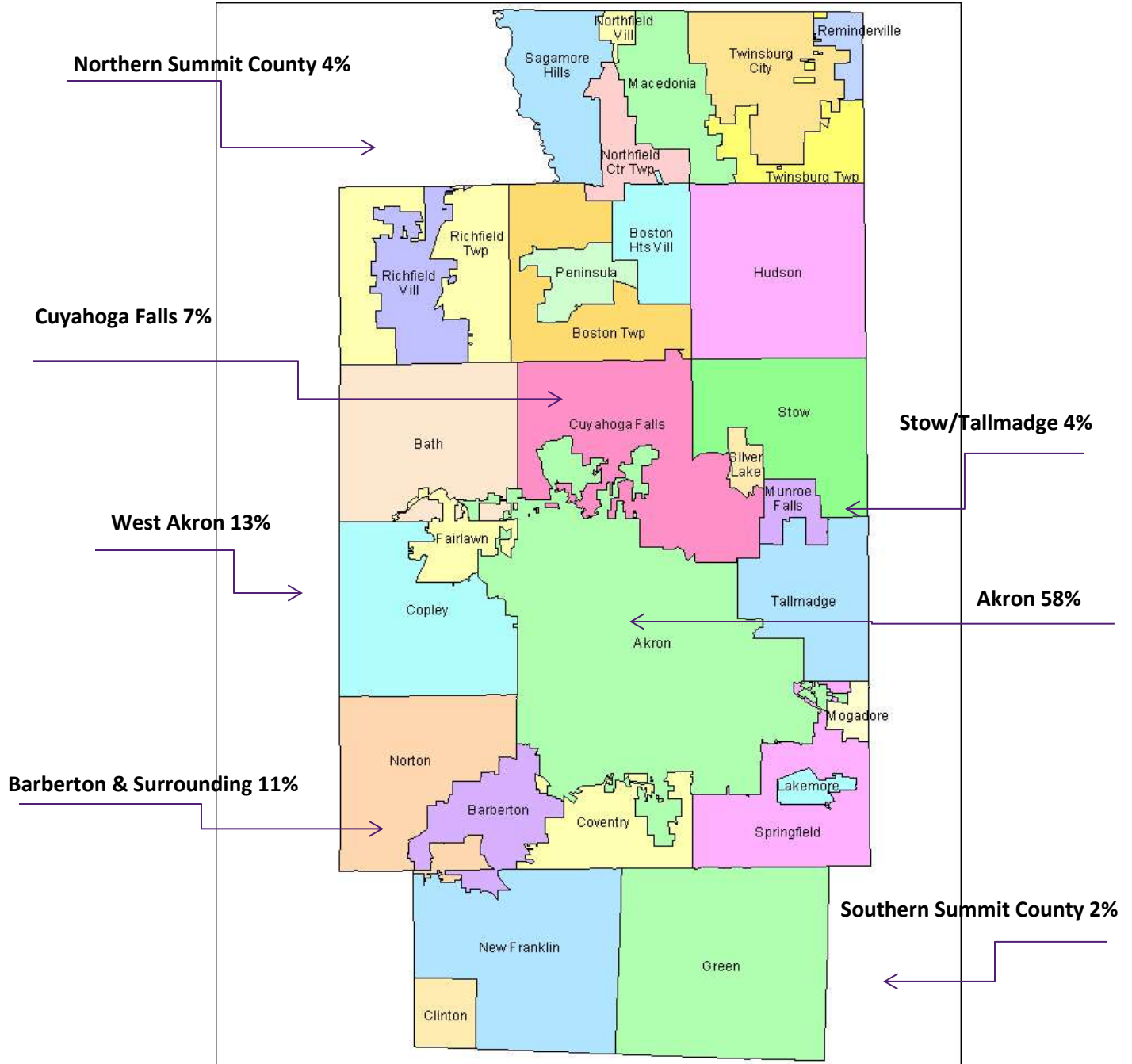


Figure 27. Map of Summit County, client's area of residence FY 2019



In FY 2019, Community Support Services served as an internship/residency site for 24 students from social work, counseling, art therapy, and other related programs. These students completed 5828.94 intern hours. The dollar value of the work completed by students is estimated to be \$143,916.529. Four psychiatry residents also completed rotations with the agency. Equally important, these students learned about Community Support Services, severe mental illness, and the value of integrated healthcare. As they begin their professionally careers, they will be better prepared to provide services to those in need as well as connect individuals with appropriate services.

Agency staff and clients greatly benefited from the efforts of four dedicated volunteers who performed 467. The work of the volunteers had a monetary value of \$11530.23.

Community Support Services maintained its presence in the community in FY19 with 4 community presentations reaching approximately 600 individuals. Additionally, staff and board members represented the agency at a dozen community events, including the annual NAMIWALK and ADM Recovery Challenge. The agency also hosted the 4th annual Art of Recovery at Greystone Hall with more than 300 guests. Community Support Services also expanded its partnership with the Reymann Foundation by having consumer artwork available for auction at the Foundation's annual Revere Raffle.

Community Support Services continued efforts to increase its presence on social media with nearly 1700 Facebook users. The organization also engaged more actively with Twitter, Instagram, and LinkedIn.