

January, 1st 2018- December 31st, 2018

INTRODUCTION

ClearPath Clinic is dedicated to a process of continuous improvement of our program and services based on the collection of information and data that are reliable, valid, and specific, and linked to the indicators contained in this report.

The performance analysis is conducted on an annual basis in order to:

- Identify areas needing performance improvement;
- Develop an action plan to address the improvements needed to reach or revise established outcome measures and improve the quality of programs and services;
- Facilitate organizational decision-making with regard to progress toward fulfilling the mission and achieving goals; and
- Create a summary report that can be shared with patients, staff and other stakeholders in appropriate and meaningful ways.

This report is intended to satisfy the CARF requirement for an annual "performance analysis" and will be used in the annual review of the organization's strategic plan. Copies of this report are distributed to members of the organization's leadership and made available to patients and staff.

Completion of this report included the review of a number of different performance indicators (summarized below) and, a formal review of the organization's mission statement by leadership.

This summary also includes a written description of the organization's outcomes management system, Performance Improvement, Strategic Planning, Organizational Advocacy, and Financial and Resource planning.

BACKGROUND

ClearPath Clinic functions operate on a fiscal year which begins January 1st and ends December 31st. Under normal circumstances, the organization will compile end of year data, summarize it in an annual management summary (performance analysis) during the months of January-February the following the fiscal year and use the summary for strategic planning purposes for the following year.

GENERAL PROGRAM DESCRIPTION

The Center for Alcohol & Drug Treatment (CADT) is a nonprofit, community-based organization in operation since 1961. The Center's main purpose is to provide chemical health, substance abuse, addiction treatment, and recovery services. The Center offers outpatient medication assisted treatment through the ClearPath Clinic, located at 1402 East Superior Street in Duluth. This program is designed for adult men and women, ages 18 years and older, with a one (1) year history of opioid addiction, according to medically accepted definitions (DSM 5).

PROGRAM VISION / MISSION

The CADT/ClearPath Clinic's vision is a community in which people's potential and quality of life are not limited by addiction and its consequences.

The mission of CADT/ClearPath Clinic is to improve personal, family and community health through addiction prevention, treatment and recovery services.

OVERVIEW OF THE DATA COLLECTED BY THE ORGANIZATION

ClearPath Clinic collects and analyzes data/information, all dedicated to Performance Improvement, from a number of different sources including, but not limited to:

1. Financial information including monthly reviews of the organization's financial performance by the organization's leadership;
2. Accessibility status reports as a way to monitor any potential barriers to treatment and to identify necessary corrective actions;
3. Annual risk management assessments to identify potential risks and opportunities for the organization;
4. Analysis of personnel (human resource) trends related to recruitment, retention and turnover;
5. Technology assessments to ensure that the organization benefits from information technology and possesses the "hardware necessary to support the accomplishment of the organization's mission;
6. Reports from internal and external health and safety inspections and tests of emergency plans and procedures;
7. Outcomes management patient satisfaction questionnaires completed by patients;
8. Informal feedback from patients and staff;
9. Formal patient complaints and grievances;
10. Incident reports;
11. Feedback/results from national accreditation surveys; and
12. Feedback/results from regulatory/licensing visits and inspections.

PRIORITIZED STRATEGIC TARGETS AND OBJECTIVES – 2017 -2018

Rev. 1/18

During our 2016 survey CARF recommended that the Strategic Plan set goals and priorities and that it be shared with persons served, relevant to their needs. ClearPath Clinic established the following strategic goals and objectives for 2017-2018:

PRIORITY 1: Maximize capacity to meet demand for services

- A. Objective: Refer 30% of ClearPath Suboxone patients to OBOT annually
- B. Objective: Develop additional resources (nurses, LADC, physician) to support expanded patient census
- C. Objective: Seek State approval to unbundle reimbursement of psycho-social services from medical/dosing services

PRIORITY 2: Integrate/collaborate with Pathfinder (withdrawal management unit), OBOT, Residential treatment and other programs

- A. Objective: Reduce the number of patients failing to access appropriate care (drop out) between programs/services
- B. Objective: Reduce time between initial contact and program engagement
- C. Objective: Begin care management in CADT's Pathfinder Unit prior to intake at
- D. Objective: ClearPath to reduce intake no-shows

PRIORITY 3: Collaborate with existing community housing and other service providers to support positive change for patients

- A. Objective: Assess and document identified service needs among the ClearPath patient population
- B. Objective: Invite service providers to educate, screen, and initiate services to patients at ClearPath

ANALYSIS OF STRATEGIC TARGETS AND OBJECTIVES FROM 2018

Priority 1:

In 2018, Clearpath referred 22% of Clearpath buprenorphine patients that were discharged were discharged OBOT programs. Of the 22%, 33% were referred to CADT's OBOT and 66% to other community OBOT programs. CADT's OBOT capacity was reduced to 50 patients due to the workforce issues. CADT developed a plan at the end of 2018 to hire a .5 LPN and 1 full-time LADC to increase capacity to 70-75 patients. This will increase Clearpath utilization by 20-25 more Intake/provider slots. Clearpath has continued to recruit LADC interns and nursing students to address the workforce issues in our field. This has improved our applicant and employment pool to support Clearpath resources and further MAT demands. Throughout 2018 CADT has worked with legislators through MARRCH (Minnesota Association of Recovery Resources for Chemical Health) and other community collaborations to unbundle reimbursement rates. This appears to have been somewhat successful as legislators and DHS recently approved OTPs to bill out any extra services after meeting the initial required sessions for 2019.

Priority 2:

In 2018, the Pathfinder unit expanded its hours from 8am-3pm to 8am-11pm. Pathfinder was also found to be more medical intense therefore nurses were hired for each shift. This allowed for a more comprehensive medical assessment and a smoother transition between pathfinder, ClearPath and other MAT programs. Eight-five percent of Pathfinder patients were referred to some type of needed service illustrating reduced dropout rates between Pathfinder and ClearPath. In 2018, there was still a high dropout rate for ClearPath clients moving into other outpatient treatment services despite improved communication efforts. At the end of 2018, CADT budgeted for a separate medical director for CADT residential programs to improve care coordination and expand medication assisted treatment throughout programs. The expansion on MAT throughout CADT programs improves ClearPath utilization.

Priority 3:

In 2018, CADT expanded collaborations with Essentia Duluth Emergency Department for 24/7 consultations and screening on patients in opioid withdrawal. This has allowed patients in crisis direct access into the Pathfinder unit for stabilization and then enter the ClearPath clinic. In 2018, CADT joined Minnesota's 6th District Drug Court to help coordinate and facilitate care between CADT patients and the legal system. ClearPath has created a warrant resolution group to further help patients resolve minor warrants. ClearPath collaborated with North East Regional Correction Centers and developed a system to dose ClearPath patients who have a planned violation detention. ClearPath is actively working with St. Louis County Jail and the Treatment Courts in the region to help problem solve dosing concerns when patients are incarcerated.

FINANCIAL AND RESOURCE ALLOCATION PERSPECTIVE

ClearPath is funded through a per diem rate established by the State of Minnesota and adopted by most health plans for both state-sponsored (Medicaid) and commercial products. This rate has been below our break even cost at the original design capacity (400 patients). CADT has utilized margins generated by the other programs and services we offer to maintain the operation of ClearPath while simultaneously working to recruit more Counselors and nurses

to increase total capacity. Demand for services continues to exceed our design capacity, so the market can support this expansion.

A current proposal by the Minnesota Department of Human Services would “unbundle” the per diem rate to allow for separate billing of psycho-social counseling services depending on the individual level of care. This would enhance the revenue stream and result in a sustainable clinic operation.

We continue to strive for a high quality treatment environment at ClearPath which by necessity requires a greater investment of resources than are required to meet the minimum OTP standards. In turn, our attention to quality has resulted in increased acceptance in our community for medication assisted treatment as well as a safer, richer environment for the patients we serve. Conducting an annual risk management assessment and compiling the findings for inclusion in the organization's strategic planning and daily operations. The formal Annual Risk Management Assessment for FY-18 is conducted in accordance with CARF's national accreditation standards. The Chief Compliance Officer reviews the Risk Management Assessment and incorporates results into the Risk Management Plan

The findings or assessment considerations conclude that there were no significant changes in the demographics or cultural characteristics of persons served. The main findings of concern are the lack of personnel needed to effectively complete the mission of ClearPath as well as increasing regulations proposed by legislators through substance use reform. It has been difficult to recruit and retain staff and continual efforts are in place to address this concern.

Assessment of reasonable security for staff and patients is adequate. Upon opening and until summer of 2018 ClearPath Clinic contracted with a security agency to employ a security guard. During 2018 ClearPath Clinic hired and trained our own Security Staff and were able to provide more robust daily security staffing. 1-2 security guards are on duty during dosing hours and patrol the outside perimeter of the building as well as continuously monitor the busiest areas of the clinic. In addition, a comprehensive security system is installed and there are monitors in several office areas of the clinic that can be viewed at all times.

Actions being implemented to ensure the viability of ClearPath Clinic, are preparing for the survey for CARF reaccreditation, reviewing patient services, administrative and clinical, for quality control and patient satisfaction.

There were changes to executive leadership during 2018. The long standing CEO retired in June and the COO took CEO position. Additional leadership staff will be added in 2019 to better support management supervision and clinical service's needs.

HEALTH AND SAFETY REPORT

As a CARF-accredited organization, the Health and Safety program maintains all internal and external inspection reports for the organizations building. Between the multiple internal and external health and safety inspections, we are reasonably confident that we have a formal system that will continue to address health and safety issues on a regular basis.

For accreditation, CARF requires that there are written emergency procedures and unannounced drills. This will address procedures for:

1. Fires

2. Bomb threats
3. Natural Disasters
4. Utility failures
5. Medical Emergencies
6. Violent or other threatening situations.

The unannounced tests were performed followed by after-action reports on the response to the drills. Trainings were conducted that addressed individual roles and responsibilities, notification procedures, emergency response procedures, evacuation and accountability procedures, emergency shut downs, information about threats, hazards, and protective actions.

In addition to the required test mandated by CARF, the Health and Safety program continues their commitment with providing consistent and rigorous training annually and as needed. The Health and Safety Committee for CADT/ClearPath meets on a quarterly basis to review and address trends and concerns.

Written analysis of Incidents Reported in 2018

25 incident reports were completed in 2018 a 25% decrease from 2017.

Trends

1. Causes of incidents – 6 were accidents, 11 were due to patient aggressions (45% increase from 2017), 4 due to possible patient illness/physical health issues, 3 mental health/patient safety concerns and 1 diversion attempt (down 67% from 2017).
2. 5 of the incidents that were reported occurred in the dosing area - windows/hallway (45% decrease from 2017). 6 incidents occurred in the parking lot.
3. 8 of the incidents reported were reported by nursing staff. 6 incidents reported by providers and 6 incidents reported by security staff.
4. January, October and December (1st and 4th quarters) had the highest number of incidents reported. 0 incidents reported for the months of April and August.

Actions for Improvement

1. CADT/ClearPath Clinic added the second security guard during 2018. With this addition the upper parking lot can be monitored at a higher frequency. The incident report trend is shared with the Facilities Director and security guards
2. Steps to be taken to curtail patient aggression:
 - Identify patients with anger concerns early on and counselors address in treatment planning.
 - Counselors will utilize behavior agreements for early signs of aggressive outbursts.
 - Security staff will be provided a list of patients to watch more closely.
 - CADT/ClearPath Clinic will act swiftly with patient termination/discharge when assaultive behavior occurs, there is zero tolerance assaultive behavior.
3. Staff receives continual training to identify and respond to medical and mental health issues. Staff responded appropriately in each situation.

Results

1. Reduced incidents occurring in the parking lot at end of year as compared to beginning of year
2. Reduced incidents of patient aggression at end of year as compared to beginning of year
3. To be further evaluated as training is ongoing

Continuing Education and Training

1. All incidents are reviewed and actions for improvement are discussed in Health and Safety committee meetings.
2. Staff will continue to receive training in de-escalation techniques both at formally and continually during staff meetings
3. Increase education on medical health concerns as well as mental health concerns. Staff reacted quickly and appropriately in each incident that was reported.

Prevention of Recurrence

1. Program director review's incidents with staff and discusses actions for improvement.
2. RN addressed health topics in weekly medical group that is offered. Counselors encourage patients with physical health conditions to attend. Nurses will be added into the orientation groups to more thoroughly discuss/educate patients on any medical issues/concerns.
3. Increased training provided on signs symptoms of mental health conditions and how to respond for optimal patient safety results.
4. Improve communication between medical and clinical staff especially regarding dose adjustments

Internal Reporting Requirements

1. All incidents are reported internally to the Program Director. After Program Director review, incident report is sent to Compliance Officer for review. If immediate changes are needed PD and CCO work together to implement actions for improvement and educate staff.
2. Compliance Officer compiles data from incident reports to meet CARF requirements

External Reporting Requirements

1. There was one external reporting requirement, a client death that occurred off site and was reported to the ombudsman and state commissioner.

HUMAN RESOURCES

As required by CARF and Minnesota Rule 245G, all mandatory trainings have been fulfilled through new staff orientation, annual staff trainings, training conducted by outside professional organizations and professional conferences. This is maintained and accounted for on a training spreadsheet and management will continue to incorporate desired trainings of staff when possible as identified through Staff Training Needs assessments. Staff training needs will be further evaluated and developed throughout 2019 with the addition of more leadership staff.

In order to retain staff and reduce turnover compensation was reviewed. The clinical staff is compensated well as compared to local substance abuse providers in the area. Despite raising LPN staff salaries ClearPath does have difficulty recruiting and retaining nursing staff as it is difficult to financially compete with large hospitals in the areas in regards to salary. CADT/ClearPath provides an extensive benefit package including health and dental insurance, paid vacation and sick time, and retirement benefits. CADT has had a long standing achievement pay program in which a percentage of the employee's salary is paid out to each employee at the end of the year based on agency, program and individual performance. In addition, CADT pays for professional staff to attend trainings that are needed to maintain licenses and certifications.

TECHNOLOGY

CADT continues to be contracted with an information technology company, CW Technology. CW technology provides monthly on-site supports as well as remote support services to each of our employees. In addition, CADT has monthly management meeting with CW Technology to address and change and concerns. CW Technology provides IT summaries on a regular basis as well as a Business Analysis that addresses any needs.

Our servers are located at ClearPath Clinic as the clinic has a generator that will keep systems operational in the case of a power outage. ClearPath continues to work diligently with Methasoft, our EHR system, to implement updates and resolve any issues that may result from the EHR itself. Methasoft has customer service that is accessible and available to all staff 24/7.

There are many documents that need to be scanned into our EHR system. This process is time consuming. CADT is working with our technology support to further develop ways to make this process more efficient and less cumbersome.

RESULTS OF OUTCOME MANAGEMENT SYSTEM

ClearPath has developed and implemented an outcomes management system that measures (a) accessibility of services, (b) efficiency of services, (c) effectiveness of services and (d) patient satisfaction. In addition to the measures evaluated below, CADT/ClearPath Clinic also measures access and efficiency by monitoring counselor caseloads. A patient capacity report is submitted to the state weekly which reports how many patients are in treatment, the total capacity based on counselor caseload and whether or not there is a waiting list to access services. CADT/ClearPath had been effectiveness, service access and satisfaction "benchmarks" in Outcomes Ratings Scores and Session Rating Scores we request from patients at each counseling session during the first 3 quarters of the year. During the last quarter CADT/ClearPath develop new methods to address these areas as described below. Patient Satisfaction and other feedback looks at the patients perception of services received. Satisfaction is a subjective measurement of "self-report" by patients ClearPath collects data for Drug and Alcohol Abuse Normative Evaluation System (DAANES) information and patients complete the Minnesota Self Sufficiency Matrix at intake as well as 6 month intervals. Patient satisfaction questionnaires collect outcomes data are distributed to each patient at the time of intake and then again a 6 month intervals.

The analysis of patient satisfaction survey completed between January 1, 2018 and December 31st, 2018 illustrates the following performance:

1. ...how staff at this clinic treats you?
Average to Above Average = 99% (increase)
2. ...the way you are included in decisions about your treatment?
Average to Above Average = 89% (decrease)
3. ...the way you are included in decisions about how the clinic is run?
Average to Above Average = 81% (decrease)
4. ...the physical environment for patients at this clinic?
Average to Above Average = 91% (decrease)
5. ...the way this clinic responds to complaints from patients?
Average to Above Average = 84% (decrease)
6. ...how effective this clinic has been helping you with your problems?
Average to Above Average = 91% (decrease)
7. ...the amount of information this clinic gives you about your treatment?

- Average to Above Average= 91% (decrease)
8. ...Would you recommend this clinic to a friend who needed treatment?
Average to Above Average = 93% (same)
9. ...Overall Rating of your experience with ClearPath Clinic: Average to Above Average = 93% (increase)

Accessibility Objectives:

1. Increase admissions from CADT's Pathfinder program and increase our ClearPath patients that can be transferred to OBOT.
Responsible Staff: Administrative Staff. Intake staff.
Assessment: During the year we were able to meet this goal on a consistent basis. In 2018, ClearPath scheduled 660 intake appointments (537 in 2017). In 2018 56 patients were transferred from ClearPath through Pathfinder and 24 patients were transferred from ClearPath to and OBOT. Of the 24 patients that transferred to and OBOT approximately one third the patient that transferred went to the CADT OBOT and two thirds transferred out to other OBOT providers in the community. ClearPath serves a much higher than average number of clients prescribed Suboxone as compared to other OTP's.
2. There will be an annual retention rate of 80% of all ClearPath Clinic staff.
Responsible Staff: Program Director and Administrative staff.
Assessment: This objective was moved from efficiency to accessibility in 2017. Staff retention for 2018 is currently at 63% which is down from 75% in 2017. In 2018, 14 staff were hired and 13 staff left. Of the 13 staff that left 5 providers quit and 2 providers was let go. 3 LPN's quit and 1 of the LPN's that quit returned to work at ClearPath during the year. The LPN staff turnover decreased from the previous year. In 2018 the staff turnover for providers was the highest of any of the staff groups at ClearPath at a 50% retention rate. The goal will remain in place for 2018 and ClearPath will further evaluate staff turnover to determine any additional measures that can be taken to retain staff.

Efficiency Objectives:

1. Increase the number of patients receiving phase ups/take outs as appropriate to help reduce individual client time spent at dosing window.
Responsible Staff: Clinical Staff, RN Supervisor and Nurses
Assessment: This goal was added at the beginning of 2018. ClearPath has a much larger average percentage of patients that dose daily as compared to other OTP's in the state. At the end of 2017 approximately 75% of patients at ClearPath were dosing daily at the clinic. In 2018 68% of patient were in Phase 0 and dosing daily. This goal will continue to be monitored for 2019.
2. Reduce waiting time for dosing to no more than 10 minutes per patient.
Responsible Staff: RN Supervisor and Nurses
Assessment: ClearPath has limited physician availability, being Monday-Thursday and available by phone at other times. In addition, physician hours limit the time available for patient appointments such as annual physicals or intake appointments. ClearPath has continued to take history and physicals completed by the patient's primary physician which has helped to decrease the number of appointments the ClearPath physician needs to complete. During the 2nd quarter wait times increased due to staffing shortages. Patient absences affect wait times as nurses are pulled from the windows to assess patients that have been absent. Having increased wait times increases potential for diversion, as more

patients are congregating in common areas, both inside and outside of the clinic. Average dosing queue wait times for 2018 was 11.72 minutes which is a small decrease from 2017.

Effectiveness Objectives:

1. 80% of new admissions will show improvement on the DHS HMIS Self-Sufficiency Matrix
Responsible Staff: Intake and Front Desk staff collects and record data provided by patients.
Assessment: Patients scores on the Matrix were taken at time of admission and again at the 6 month point of treatment. 68% of new admissions shown improvement on the DHS HMS Self Sufficiency Matrix during 2018. This is a decrease from 2017 where 72% of all patients shown improvement at the 6 month follow-up. In 2018 we measures improvement for new patients only (did not include transfer patients) which may account for the change. ClearPath will continue to measure the outcome of this tool for new patients only in 2019 to see if there is an upward or downward trend.

2. Maintain the effect size of .85 or better with active patients, maintain a dropout rate below 25% and improve service delivery costs. In November the goal was changed to:

- Patients will experience improvement in overall withdrawal symptoms along with decreased need to use illicit substances for coping with withdrawal discomfort

Responsible Staff: Providers, Clinical Supervisor, Program Director.

Assessment: Counselors enter data from the ORS and SRS results into FIT Outcomes after each treatment session with a patient. The measures are compared below. It was determined that FIT Outcomes was not being correctly implemented as there was a lack of adequate training and understanding of the tools used to measure effectiveness through FIT Outcomes. The data entry process became more cumbersome and counselors were not entering data on a consistent basis resulting in unreliable data measures. FIT OUTCOMES DATA

All Providers	Effect Size 1-3-18	Effect Size 10-2-18	Dropout Rate 1-3-18	Dropout Rate 10-2-18
	.86	.83	35.1%	34%

In November a new method of measuring effectiveness was determined and a new goals statement as identified above will be included in the Performance Improvement Plan going forward.

Out of the 10 patients that went to orientation group between 11/26 and 12/31

- 1 was a transfer and 9 were new admits
- 9 out of the 10 reported improved withdrawal symptoms
- 1 out of the 10 reported still using illicit to mitigate withdrawal symptoms

3. Reduce Medication Errors to 0

Responsible Staff: Nursing Supervisor and Nurses

Assessment: There were 0 medication errors reported by the RN Supervisor during 2018 (decrease from 2017). Medical staff worked diligently to identify areas of risk related to medication errors and effectively managed the risk. The goal will remain in effect for 2019.

An additional goal was to be added in the area of effectiveness for 2018 of: Nursing staff will accurately chart bottle check and mood checks so the most up to date information is available with interacting with clients and staff. It was determined that this was not measurable and was added to the action plan area of the Performance Improvement Plan and monitored closely by the nurse supervisor.

Patient Satisfaction Objectives:

1. Maintain a 90% favorable level of patient satisfaction and complaint resolution.
Responsible Staff: Program Director, Front Desk, HR staff, Management staff.
Assessment: Favorable results on the Patient Satisfaction Survey for 2018 are 91% which is a slight decrease from 2017 but continues to meet the goal. Staff collected more data in 2018 as compared to 2017. Adjustments were made throughout the year to ensure we were receiving patient feedback. Patients also use this form to submit written comments which are reviewed by staff each quarter. This goal will remain in place for 2019.

In 2018, ClearPath 18 compliant/grievances were submitted and 12 were resolved informally, 4 resolved formerly and 2 reviewed by the quality improvement committee. The grievance process was handled in a timely manner throughout 2018. Patients most commonly filed grievances regarding concerns of the medication dose and regarding concerns over phase increases/decreases. As a result many multidisciplinary team discussions and decisions were made specific to the concerns addressed in the grievances.
2. Reduce the number of patients leaving treatment without a referral or plan by 30%.
Responsible Staff: Program Director, Clinical Supervisor and Providers
Assessment: In 2018, ClearPath had 291 discharges, 118 of which had left against staff advice or treatment was incomplete due to absenteeism. This is a 19% decrease from 2017. Discharge categories were made more specific in 2018. Some patients that left ASA have returned to treatment when their level of instability decreases. Patients have continued to complain about their dose levels not being adequate and at times have left and sought services elsewhere. This goal will remain in place for 2019.
3. Increase number of patients attending Patient Advisory meetings.
Responsible Staff: Program Director, Clinical Supervisor and Providers
Assessment: In 2018, 31 patients signed up or attended the Patient Advisory meeting throughout the entire year and 87% increase from 2017. Additional communication methods were added throughout the year to inform the patients of the meetings. Information has been posted throughout the clinic. Patients that submitted grievances were informed of and encouraged to attend the meetings to address any issues and/or complaints in this format also. This goal will remain in place for 2019.

Community Relations Objectives:

1. ClearPath will reduce incidents of potential diversion.
Responsible Staff: Program Director, RN Supervisor, Clinical Supervisor, Nurses and Providers
Assessment: ClearPath has a diversion control policy in place. In 2018 there was 1 attempted diversion, a decrease from 2017. The attempt was identified by the dosing nurses. Patient attempted to divert methadone by taking it, not speaking to the nurse after taking the dose and running out of the clinic. This patient was immediately discharged. Strict dosing policies and consequences to diversion help to keep attempts at diversion minimal. Additionally, security staff CADT/ClearPath took on management of security staff during the second half of the year rather than contracting with a security agency as had previously been the practice. This helped us to increase our security staff presence in the clinic as well as provide more specific training to security staff to better meet the needs of the clients and the program. This goal remains in place for 2019.
2. ClearPath will engage in at least one outreach contact per month.

Responsible Staff: Executive staff, Program Director, Clinical Supervisor and Providers

Assessment: Staff at all levels is engaging in community outreach on a consistent basis. This includes phone contacts, clinic visits as well as involvement on many community committees and initiatives addressing issues surrounding the opioid crisis in immediate and surrounding communities. The ClearPath Program director records community outreach contacts as they occur. CADT/ClearPath Clinic work collaboratively with other community agencies and are very involved in community initiatives. This goal is exceeded every month.

3. ClearPath will increase coordination of services with and identify areas of concern from local law enforcement and county human services agencies through quarterly attendance and participation in the Opiate Abuse Response Strategies group.

Responsible Staff: Executive Staff and Program Director

Assessment: Executive Staff participates in the OARS group both educating the group as well as addressing concerns as they arise. ClearPath has invited local law enforcement into the clinic to educate staff on their processes and initiatives. CADT has always collaborated closely with St. Louis County and is currently the primary provider on a grant St. Louis County received to expand access to opioid treatment and increase services in the community.

USE OF THIS MANAGEMENT SUMMARY (PERFORMANCE ANALYSIS)

CADT/ClearPath views the completion of this performance analysis as an opportunity to formally review our mission statement and to improve the quality of services and our program. In the truest sense, this analysis represents a "10,000 foot view" of our organization and provides leadership and staff with the opportunity to "take a step back" and objectively evaluate what we do and how we do it. It also provides a practical reminder to review and/or update our strategic plan each year. Finally, the preparation of this performance analysis provides the impetus for leadership to evaluate its decision-making process and determine if changes need to be made in the organization's policies and/or procedures.

We have specifically attempted to prepare this summary as a "plain language" document that communicates performance information in a timely, accurate and honest manner and in a format that is clear, concise and understandable. We value transparency.