

January, 1st 2019- December 31st, 2019

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 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

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 –2018-2020

ClearPath Clinic established the following strategic goals and objectives for 2018-2020:

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 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 2019

Priority 1:

In 2019, 14% of the ClearPath patient patients that were discharged were referred to OBOT programs. Of the 14%, 32% were referred to CADT's OBOT and 68% to other community OBOT programs. CADT's OBOT capacity was remained at 50 patients due to the workforce issues. In March 2020, Clear Path will provide on-site Rule 25 assessments for patients who meet the CP screening criteria. This will allow for immediate access and reduce the amount of individuals who do not receive needed MAT. 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 2019 CADT has worked with legislators through MARRCH (Minnesota Association of Recovery Resources for Chemical Health) and other community collaborations to unbundle reimbursement rates.

Priority 2:

In 2019, the Pathfinder unit expanded its hours to provide care 24 hours a day, 7 days a week. 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. 71% percent of Pathfinder patients were referred to some type of needed service and 18% of Pathfinder referrals were admitted to ClearPath illustrating reduced dropout rates between Pathfinder and ClearPath. In 2019, there was still a high dropout rate for ClearPath clients moving into other outpatient treatment services despite improved communication efforts.

Priority 3:

In 2019, ClearPath continued collaboration with many groups as noted in previous updates including 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. CADT will continue to expand its involvement in the specialty courts as new opportunities arise such as a new Opioid Court begins at the end of 2020.

In 2019 a clinical pharmacist was contracted for comprehensive medication management (CMM) for patients. The Clinical Pharmacist meets with clients & works with the rest of the care team to comprehensively review all of the medications the person takes, including prescription, over-the-counter, supplements, and illicit substances across prescribers to help ensure they are taking only medications that are:

1. Appropriately Indicated – there is a clear need for the medication and there is evidence that the medication will likely improve outcomes
2. Effective – the medication goals are achieved and monitored regularly
3. Safe – there are no preventable adverse effects or avoidable drug interactions
4. Convenient – the client can take the medication as intended

The Clinical Pharmacist works with the rest of the treatment and health care team (treatment, primary care, psychiatry, etc.) to optimize clients' medications to facilitate their recovery. She is focusing on improving communication and transitions of care across CADT Programs (ClearPath, Pathfinder, and Residential) and biomedical care services in the community.

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 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. However, this has greatly impacted our bottom line.

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-20 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.

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.

Additional leadership staff was 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:

5. Fires
6. Bomb threats

7. Natural Disasters
8. Utility failures
9. Medical Emergencies
10. 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 2019

30 incident reports were completed in 2019 a 15% increase from 2018.

Trends

1. Causes of incidents: 17 were accidents (notably, 13 of these accidents were slips/falls due to icy or wet conditions), 4 were due to patient aggressions (64% decrease from 2018), 4 due to possible patient illness/physical health issues, 3 mental health/patient safety concerns, 1 incident involving a theft, and 1 incident of death report (clinic patient who passed away in her apartment due to natural causes), and 0 incidents of diversion.
2. Locations of incidents: 10 of the incidents occurred in the stairwell leading down to the clinic lobby, 4 incidents in the parking lot, 1 incident occurred over the phone (for which police were called to check on a patient), 5 incidents in the dosing area or observation room, 2 incidents in the lobby, 3 incidents in the UA hallway, 1 incident in a counselor's office, 1 incident in the group room, 2 incidents in the main hallway of the clinic, 1 incident in patient's apartment (patient death).
3. Who completed incident reports: 5 were completed by Program Director, 3 were completed by Clinical Supervisor, 6 were completed by the RN Supervisor, 5 were completed by LPNs, 6 were completed by providers, 3 were completed by the Security Guard, and 2 were completed by Support Staff.
4. Number of incidents by month: December – 6 incidents; January – 5 incidents; April – 4 incidents; February, March and October – each month had 3 incidents; November – 2 incidents; May, July, August and September each had 1 incident and the month of June had 0 incidents reported.

Actions for Improvement

1. ClearPath Clinic recognized the slips/falls trend early on in 2019, as January had a number of incidents primarily relating to patients slipping on the stairs when weather conditions were wet or snowy. Throughout the year, ClearPath addressed this issue in numerous ways (adding frequent housekeeping cleanings to the stairs or any other wet areas, increasing signage warning patients about slippery stairs, adding more rugs to decrease the amount of moisture tracked into the clinic, adding large commercial floor fans blowing on identified problem areas, mounting commercial fans on the walls in the stairwell to blow directly on the stairs, and in December, finally adding anti-slip strips on the stairs (there has not been a slip/fall since the anti-slip strips were added). This

matter was brought to the attention of the Health and Safety Committee as well as the Building Facilities Director early on in 2019. Additionally, each time a slip/fall occurs, the Program Director locates the camera footage and saves it. This is to ensure that patients are properly holding handrails, are not skipping, running or jumping down steps, and are not pushing or shoving when the stairwell becomes crowded. Each time there is a slip or a fall, it is required that a nurse be on scene immediately to assess the patient who slipped or fell. This follow-through occurred with each incident of a slip or fall.

2. There were 4 incidents involving patient aggression (2 of these reports were for 2 separate patients but involved in the same incident). Steps to be taken to:
 - 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. Zero incidents of slips/falls due to wet weather conditions once the anti-slip strips were added to the stairwell, in addition to all the other measures noted above.
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, debriefed and actions for improvement are discussed in staff meetings.
2. Staff will continue to receive training in de-escalation techniques both formally and continually during staff meetings.
3. Increase education on medical health concerns. Staff reacted quickly and appropriately in each incident that was reported.

Prevention of Recurrence

1. Program Director reviews incidents as well as camera footage when relevant, and debriefs with staff including discussing actions to be taken for prevention and improvement.
2. Health and Safety Committee reviews all safety related incident trends with the Facilities Director at minimum quarterly – CEO and CCO are updated throughout the year about incident trends.
3. RN addresses health topics in weekly medical group that is offered. Counselors encourage patients with physical health conditions to attend. Nurses are required to assess all patients involved in slips and falls in addition to all medical related incidents.
4. Increased training provided on signs symptoms of mental health conditions and how to respond for optimal patient safety results.
5. Continue to utilize radio code system - this increases the speed to which incidents are responded to.
6. Security guard makes regular and frequent rounds of the parking lot as well as areas in the clinic that may at times become congested with patients in order to reduce incidents of patient aggression.

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. Program Director 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.

CADT has experienced staff turnover in the past 12 months which impacts our ability to provide services to new patients. A Human Resources Manager was hired in 2019 and salaries and recruiting efforts have been increased and continue to be evaluated. It is difficult to hire and retain nurses due to other employment options in the community. There is also a lack of qualified providers in the area. CADT has opened paid internship positions in the effort to help maintain staffing levels and recruit new staff; however, DHS places limitations on interns in an OTP. In addition to a hiring bonus for certain positions, CADT has offered a financial incentive to current employees for new staff referrals. In the 4th quarter of 2019 and continuing on in 2020, CADT has expanded its recruiting efforts by adding three job-posting venues as well as cultivating an on-going relationship with area workforce centers and area colleges. Also, CADT has consulted with Indeed in an effort to make our job postings more effective and capture a wider pool of applicants.

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 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.

Staff receive ongoing training in the event of a power outage. Process are in place to be able to medicate clients in the event that the computer system is inoperable.

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 (d) patient satisfaction and (e) community relations. 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. For 2019, CADT/ClearPath developed additional methods to address effectiveness such as a patient measurement in improvement of withdrawal symptoms. In 2019 a clinical pharmacist was contracted for comprehensive medication management as noted in Priority 3 above in the analysis of strategic targets and objectives from 2019. 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, 2019 and December 31st, 2019 illustrates the following performance:

1. ...how staff at this clinic treats you?
Average to Above Average = 97% (decrease 1%)
2. ...the way you are included in decisions about your treatment?
Average to Above Average = 92% (increase)
3. ...the way you are included in decisions about how the clinic is run?
Average to Above Average = 86% (increase)
4. ...the physical environment for patients at this clinic?
Average to Above Average = 95% (increase)
5. ...the way this clinic responds to complaints from patients?
Average to Above Average = 91% (increase)
6. ...how effective this clinic has been helping you with your problems?
Average to Above Average = 98% (increase)
7. ...the amount of information this clinic gives you about your treatment?
Average to Above Average = 98% (increase)
8. ...Would you recommend this clinic to a friend who needed treatment?
Average to Above Average = 97% (increase)
9. ...Overall Rating of your experience with ClearPath Clinic:
Average to Above Average = 95% (increase)

Accessibility Objectives:

1. Increase admissions from CADT's Pathfinder program to ClearPath Clinic.

Responsible Staff: Administrative Staff. Intake staff.

Assessment: There was a slight decrease in referrals from Pathfinder to ClearPath as compared to 2018 with 56 referrals. In 2019, 52 patients were transferred from ClearPath through Pathfinder. In 2019 staffing shortages contributed to less referrals overall.

2. There will be an annual retention rate of 80% of all ClearPath Clinic staff.

Responsible Staff: Program Director and Administrative staff.

Assessment: Staff retention for 2019 is currently at 50% which is down from 63% in 2018. In 2019, 9 staff were hired and 14 staff terminated. Of the 14 staff that left 4 providers quit and 1 was let go; 8 LPN's quit and 1 was let go. The LPN staff turnover increased from the previous year and provider turnover remained the same. In 2019 the staff turnover for LPN's was the highest of any of the staff groups at ClearPath. This goal will be removed for 2020 as staff shortages for providers and LPN's is not unique to ClearPath, many other agencies in the area and staff wide report struggles with retention due to lack of people qualified for these positions. An additional accessibility objective will be added to the 2020 Performance Improvement plan that addresses the core problem of increasing intakes.

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: ClearPath has a much larger average percentage of patients that dose daily as compared to other OTP's in the state. In 2018 68% of patient were in Phase 0 and dosing daily. By the end of 2019 26% of patients were dosing daily. This is a significant decrease from the beginning of 2019. While we will continue to decrease barriers for the number of patients to phase up we will no longer monitor this goal formally in 2020.

2. Reduce waiting time for dosing to no more than 10 minutes per patient.

Responsible Staff: RN Supervisor and Nurses

Assessment: This objective was met in 2019 with an average dosing wait time of 9.85, a decrease from 2018 at 11.72 minutes. ClearPath has been able to maintain a fair measure of success with the reduction in intakes, opening of 5 dosing windows, increasing days of operation to 7 days a week and reducing extra clinic tasks on the weekends.

New efficiency objectives of improving counselor productivity and increasing training for all staff will be added for 2020.

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. 67% of new admissions shown improvement on the DHS HMS Self Sufficiency Matrix during 2019. This is a slight decrease from 2018 where 68% of all patients shown improvement at the 6 month follow-up. In 2019 additional staff training on the tool was provided which may account for the change. ClearPath will continue to measure the outcome of this tool for new patients only in 2020 to see if there is an upward or downward trend.

2. 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: Out of the 143 patients that went to orientation group in 2019:

- 41 were a transfers and 102 were new admits
- 96 out of the 102 new admits reported improved withdrawal symptoms
- 28 out of the 143 reported new admits/transfers reported still using illicit to mitigate withdrawal symptoms

This goal was new in 2019 and ClearPath will continue to monitor this goal in 2020.

3. Reduce Medication Errors to 0

Responsible Staff: Nursing Supervisor and Nurses

Assessment: There were 0 medication errors reported by the RN Supervisor during 2019 (same as 2018). ClearPath has met this goal for 2 years and will not continue to formally monitor this goal in 2020.

Effectiveness goals of demonstrating a reduction in alcohol and illicit drug use among program participants and increase the number of patients who see the clinical pharmacist for comprehensive medication management will be added to the 2020 Performance Improvement Plan.

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 2019 are 96% which is an increase from 2018 (91%) and continues to meet the goal. Patients also use this form to submit written comments which are reviewed by staff each quarter. This goal will remain in place for 2020.

In 2019, ClearPath 9 compliant/grievances were submitted and 7 were resolved informally, 1 resolved formally and 1 reviewed by the quality improvement committee. This is a 50% decrease from 2018. The grievance process was handled in a timely manner throughout 2019. 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 2019, ClearPath had 272 discharges, 108 of which had left against staff advice or treatment was incomplete due to absenteeism. This is a 9% decrease from 2018. Discharge categories continued to be more specific in 2019. Discharged are also being frequently monitored by the Treatment Director and Clinical Supervisor. This goal will remain in place for 2020.

3. Increase number of patients attending Patient Advisory meetings.

Responsible Staff: Program Director, Clinical Supervisor and Providers

Assessment: In 2019, 34 patients signed up or attended the Patient Advisory meeting throughout the entire year and 9% increase from 2018. For 2020, the patient advisory group will continue to be offered to all patients desiring to meet with upper management and share ideas about improving patients care; however, this will be no longer formally measured as a goal in the Performance Improvement Plan.

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 2019 there were 0 incidents of diversion, a decrease from 2018. Strict dosing policies and consequences to diversion help to keep attempts at diversion minimal. This goal remains in place for 2020.
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 and will remain in place as required by MN DHS.
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 the local Police Department as well as many other community agencies.

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.