



ANNUAL PERFORMANCE MANAGEMENT REPORT

Fiscal Year 2021: July 1, 2020 through June 30, 2021



August 3rd, 2021

Michael W. Bennett, MBA CAP CPP ICADC CCCJS CCFC
Vice President of Training and Quality Improvement / Corporate Compliance Officer

Overview of Gateway's Quality Improvement Program

Gateway's Board of Directors, along with the Executive and Leadership teams, strive to demonstrate accountability for performance measurement and management in service delivery and business functions. Gateway labors to produce value through service delivery and business practices that are ethical, state of the art, and durable. These efforts are necessary to meet the needs of all stakeholders, sustain programs/services, and support growth. Governance, executive and leadership are engaged in, and support, performance measurement and management activities, and effective utilization of the information produced, to improve the quality of programs/services; make decisions; uphold the organization's mission; and objectively demonstrate value to patients and their families, other stakeholders, and the organization itself. Performance measurement must exceed requirements established by federal and state regulations, international accreditation standards, and contractual and grant requirements.

Gateway's leadership routinely reviews established objectives, performance indicators, and measures to confirm that the information being gathered is used to guide the organization, and identify areas for improvement. Executive and leadership team members serve on Gateway's Quality Improvement Council (QIC) and meet with stakeholders to gather input and suggestions about the organization's performance management activities and plans. A variety of mechanisms are used to exchange information with stakeholders, such as meetings, surveys and focus groups with patients, personnel, and other stakeholders.

Gateway identifies gaps and opportunities in preparation for the development and review of an annual performance measurement and management report and plan that includes consideration of input from patients, employees and other stakeholders. The annual plan documents the characteristics of the persons served, expected results, extenuating and influencing factors that may impact results, provides comparative data, communicates performance information, and documents the various technologies available to support implementation of the plan.

Examples of extenuating or influencing factors that can impact performance include changes in leadership, relocations of services, personnel shortages or other issues, new or revised regulations, changes in the communities and geographic areas served, financial challenges, natural disasters, etc.

Significant issues identified as impacting services for Fiscal Year (FY) 2021 included, but are not limited to, preparations for the implementation of a new EHR, implementation of the SAMSHA CCBHC grant, continuing pandemic-required programmatic, operational, service, and payment adjustments, individuals entering the programs/services with higher co-morbidities and/or co-occurring conditions, housing shortages, inadequate public transportation serving the largest city (area) in the U.S., and the ongoing opioid epidemic.

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Total Admissions	Count	Percentage
Adults	3,730	87.33%
Adolescents	541	12.67%
Total	4,271	100%

Adults - Race	Count	Percentage
White	2,320	62.20%
Black	1,032	27.67%
Hispanic	226	6.06%
Multi-Racial	90	2.41%
Asian	18	0.48%
American Indian/Alaskan	12	0.32%
Hawaiian/Pacific Islander	4	0.11%
Other	28	0.75%
Total	3,730	100%

Adults - Gender	Count	Percentage
Male	1,965	52.68%
Female	1,763	47.27%
Non-Binary	2	0.05%
Total	3,730	100%

Adults - Age at Discharge	Count	Percentage
18-20	69	1.85%
21-30	921	24.69%
31-40	1,402	37.59%
41-50	714	19.14%
51-60	426	11.42%
61-70	178	4.77%
71-83	17	0.46%
Unknown	3	0.08%
Total	3,730	100%

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Adults – Marital Status	Count	Percentage
Never Married	2,208	59.20%
Divorced	664	17.80%
Married	455	12.20%
Separated	284	7.61%
Widowed	97	2.60%
Other/Unknown/Unreported	22	0.59%
Total	3,730	100%

Adults – Veteran Status	Count	Percentage
No	3,485	93.43%
Yes	191	5.12%
Inactive	39	1.05%
Unknown	15	0.40%
Total	3,730	100%

Adults – Employment Status	Count	Percentage
Terminated/Unemployed	2,044	54.81%
Employed (<i>Full Time</i>)	815	21.85%
Employed (<i>Part Time</i>)	310	8.31%
Disabled	281	7.53%
Homemaker	82	2.20%
Retired	59	1.58%
Student	44	1.18%
Leave of Absence	38	1.02%
Not in Labor Force	32	0.86%
Not Authorized to Work	8	0.21%
Active Military	8	0.21%
Criminal Inmate	7	0.19%
Unknown	2	0.05%
Total	3,730	100%

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Adults - Primary Drug of Choice	Count	Percentage
Opiates and Synthetics	1202	35.50%
Alcohol	984	29.06%
Marijuana/Hashish	583	17.22%
Crack/Cocaine	339	10.01%
Methamphetamine/Ice	89	2.63%
Amphetamines	80	2.36%
Benzodiazepines	35	1.03%
Other Drugs	74	2.19%
Total	3,386	100%

Adults – Tobacco Use	Count	Percentage
Smoker	1,672	44.83%
Never Smoked	482	12.92%
Former Smoker	200	5.36%
Unknown	1,376	36.89%
Total	3,730	100%

Adults – Birth Outcomes at Discharge	Count	Percentage
Not Pregnant/Not Yet Delivered	2,107	56.49%
Live Birth (<i>No Drug Present in Newborn</i>)	28	0.75%
Not Yet Delivered, (<i>Transfers Only</i>)	16	0.43%
Live Birth (<i>Drug Present in Newborn</i>)	14	0.38%
Pregnancy Terminated/ Still Birth	2	0.05%
Unknown	1,563	41.90%
Total	3,730	100%

Adults - Primary Co-Occurring Disorder	Count	Percentage
None/Unknown	2,668	71.53%
Depressive Disorder	324	8.69%
Bipolar Disorder	261	7.00%
Anxiety Disorder	235	6.30%
Post-Traumatic Stress Disorder (PTSD)	54	1.45%
Schizophrenia	50	1.34%
Attention-Deficit Hyperactivity Disorder (ADHD)	36	0.97%
Other	102	2.73%
Total	3,730	100%

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Adult Admissions – County of Residence	Count	Percentage
Duval	3,258	87.35%
Clay	132	3.54%
Nassau	101	2.71%
St. Johns	70	1.88%
Out-Of-State	42	1.13%
Volusia	30	0.80%
Baker	14	0.38%
Putnam	12	0.32%
Homeless	5	0.13%
Other	66	1.77%
Total	3,730	100%

Adolescents - Race	Count	Percentage
White	248	45.84%
Black	239	44.18%
Hispanic	37	6.84%
Multi-Racial	12	2.22%
Other	5	0.92%
Total	541	100%

Adolescents - Gender	Count	Percentage
Male	410	75.79%
Female	131	24.21%
Total	541	100.00%

Adolescents - Primary Drug of Choice	Count	Percentage
Marijuana/Hashish	384	94.12%
Alcohol	7	1.72%
Opiates and Synthetics	2	0.49%
Cocaine and Crack	1	0.25%
Other Drugs	14	3.43%
Total	408	100%

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Adolescent Admissions – County of Residence	Count	Percentage
Duval	405	74.86%
Clay	71	13.12%
Nassau	20	3.70%
St. Johns	15	2.77%
Out-Of-State	4	0.74%
Other	26	4.81%
Total	541	100%

Adolescents - Primary Co-Occurring Disorder	Count	Percentage
Depressive Disorder	58	38.41%
Attention-Deficit Hyperactivity Disorder (ADHD)	57	37.75%
Bipolar Disorder	8	5.30%
Conduct Disorder	8	5.30%
Post-Traumatic Stress Disorder (PTSD)	6	3.97%
Anxiety Disorder	5	3.31%
Other	9	5.96%
Total	151	100%

Adolescents – Age at Discharge	Count	Percentage
13	5	0.92%
14	18	3.33%
15	62	11.46%
16	93	17.19%
17	146	26.99%
18	174	32.16%
19	43	7.95%
Total	541	100%

Gateway Adolescent Admissions (All Admissions - Duplicated)

PROGRAMS	FY 2018	FY 2019	FY 2020	FY 2021
Adolescent Aftercare	9	5	1	0
Adolescent Assessment	656	762	582	501
Adolescent Case Management	103	109	58	64
New Beginnings	15	0	0	0
COJ-JAC Reinvestment	83	0	0	0
Adolescent Intervention	92	105	105	66
Adolescent Outpatient	114	112	69	69
FIS Adolescent Outreach	1	0	0	0
Adolescent Residential	101	102	90	66
Family Support Services	5	0	0	0
Adolescent Total	1,179	1,195	905	766

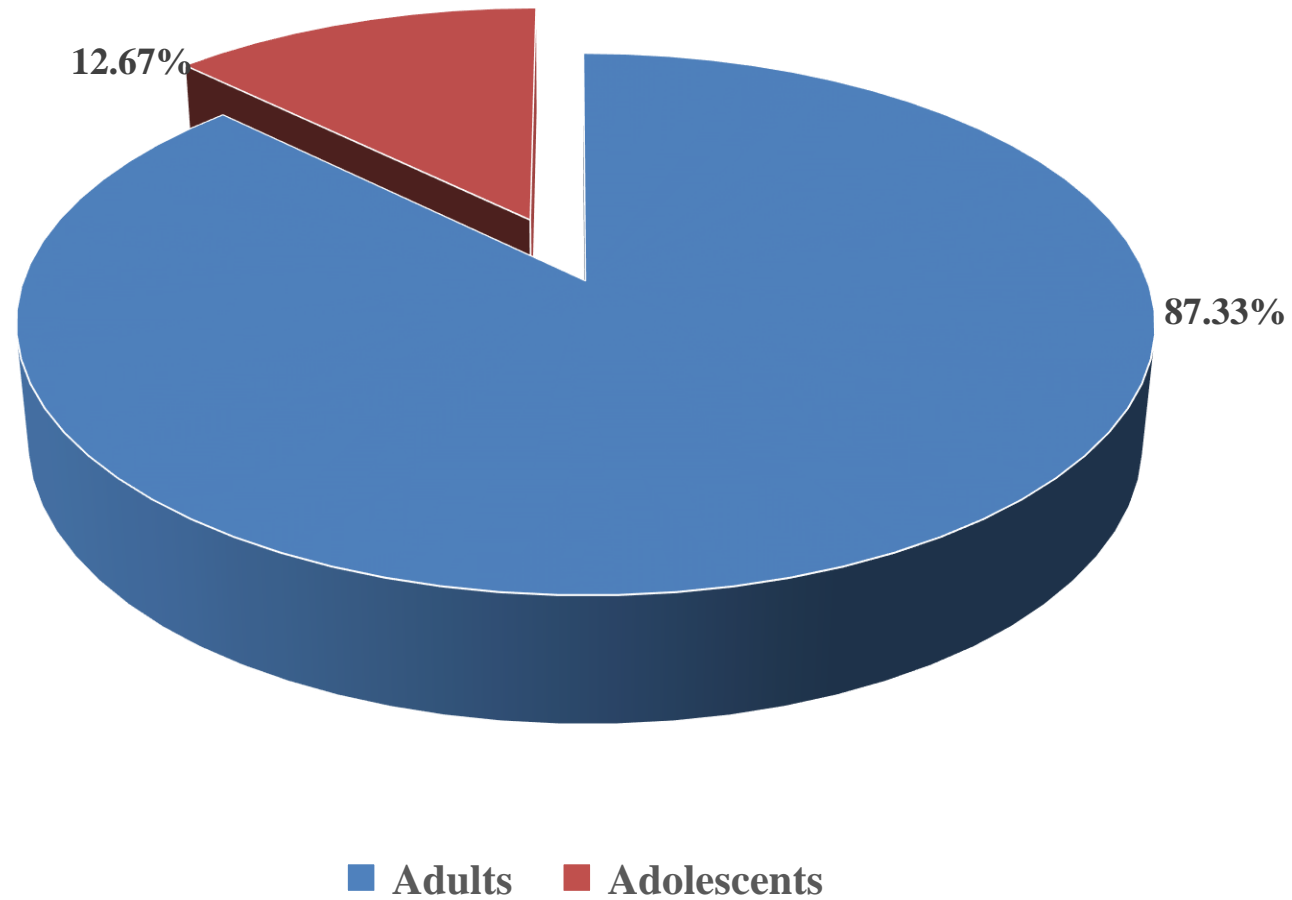
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Gateway Adult Admissions (All Programs - Duplicated)

PROGRAMS	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Adult Aftercare	124	166	156	122
Adult Assessment	1,851	1,668	1,311	1,144
Adult Case Management	2,404	2,114	1,958	1,905
Adult Stabilization	2,695	2,677	2,111	1,663
Adult Detox	2,289	2,355	1,938	1,586
Drug Screening	145	135	109	82
Grants Total	64	91	153	211
Supported Housing/TRH	381	348	282	154
Adult Intervention	716	662	778	867
Ambulatory Detox	39	0	0	0
Adult MET	1,168	1,018	699	697
HP/Recovery Connect	84	53	35	16
Adult Outpatient	1,177	1,127	1,255	1,005
SOR	0	0	284	62
FIS Adult Outreach	3	3	0	0
Adult Residential	380	534	564	416
Adult Total	13,520	12,951	11,633	9,930
Medical Services	827	752	560	400
Overall Total Adult Admissions	15,526	14,898	13,098	11,096
<i>(Note: Patients are counted / recounted at each admission to an episode of care.)</i>				

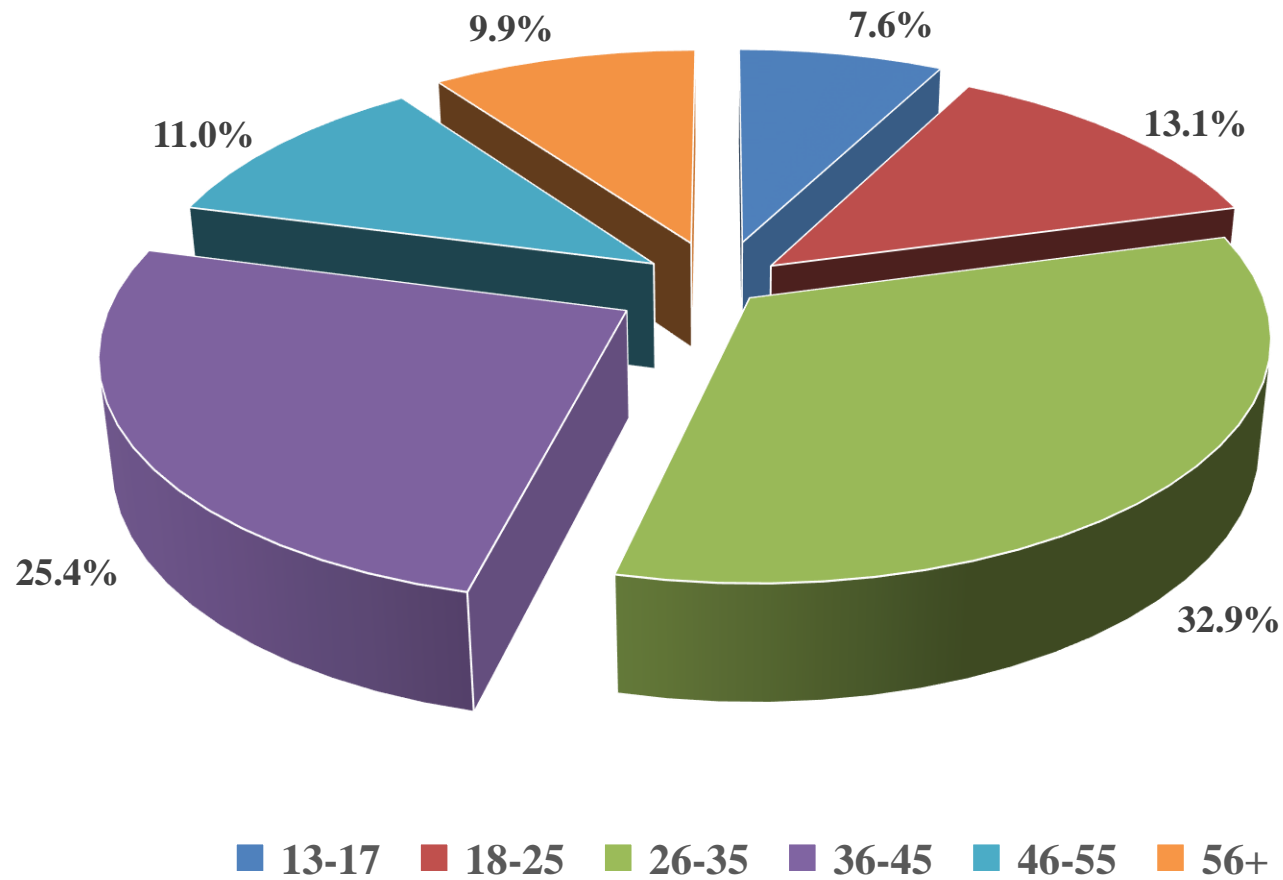
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Adult and Adolescent Admissions - FY 2021

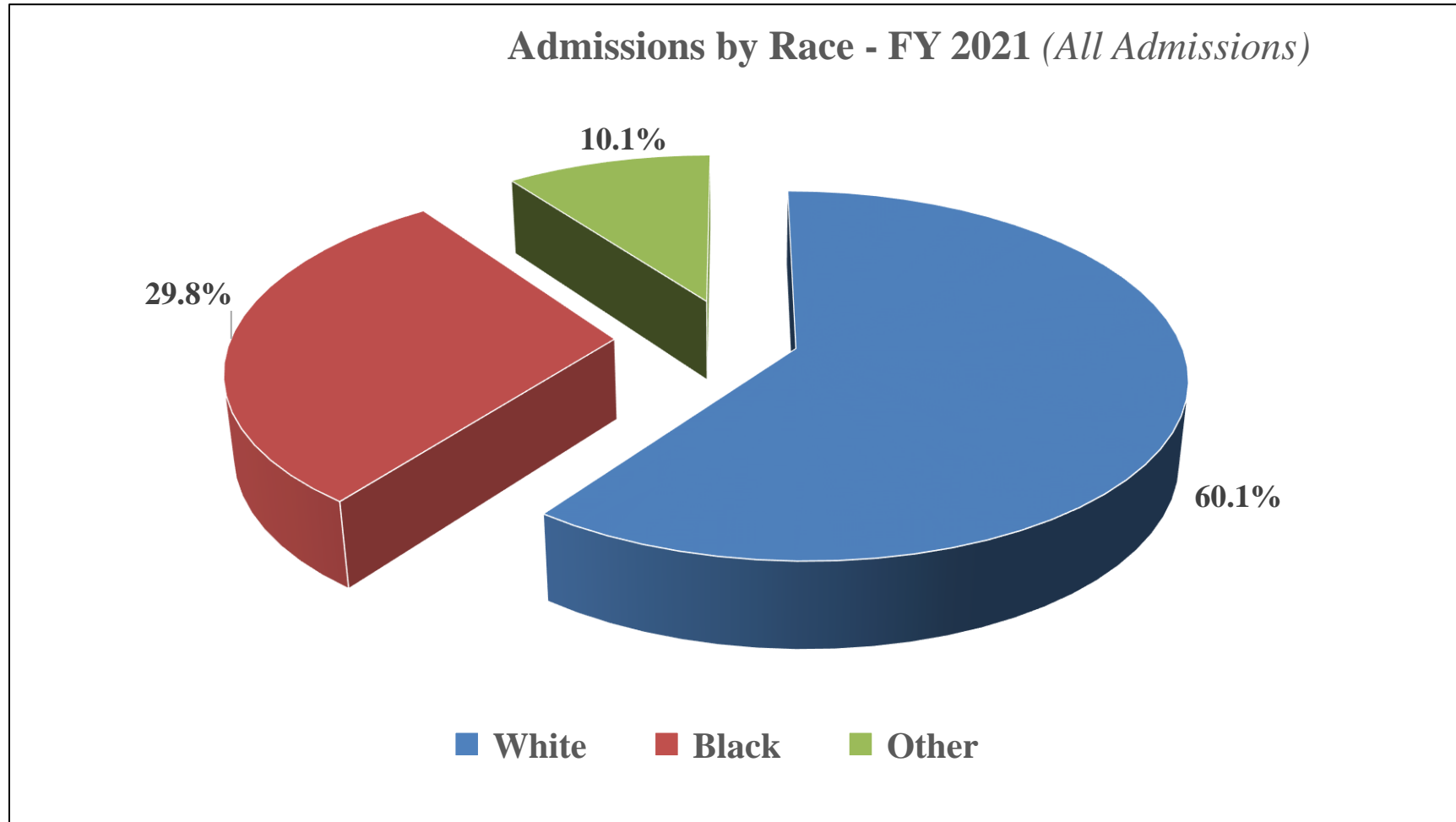


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Admissions By Age Group - FY 2021 (*All Admissions*)

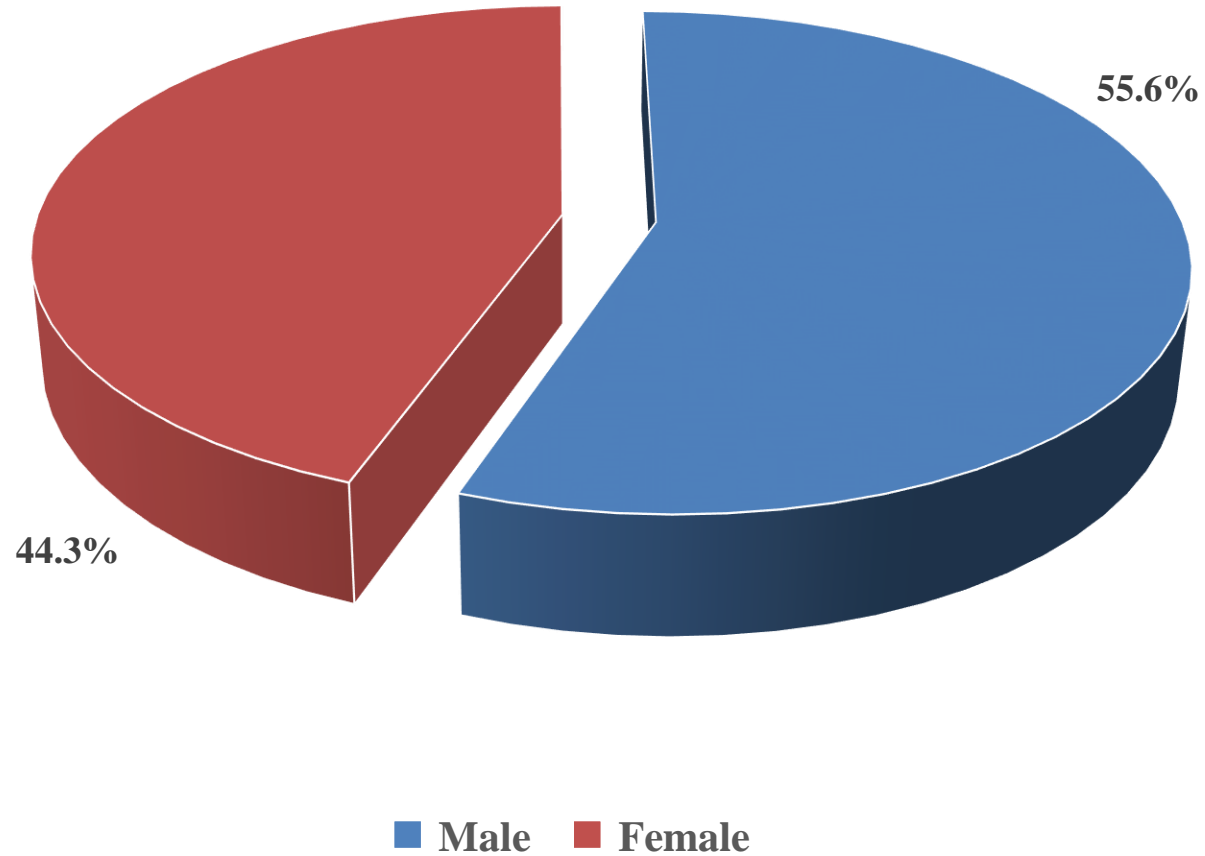


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Admissions By Gender - FY 2021 (*All Admissions*)

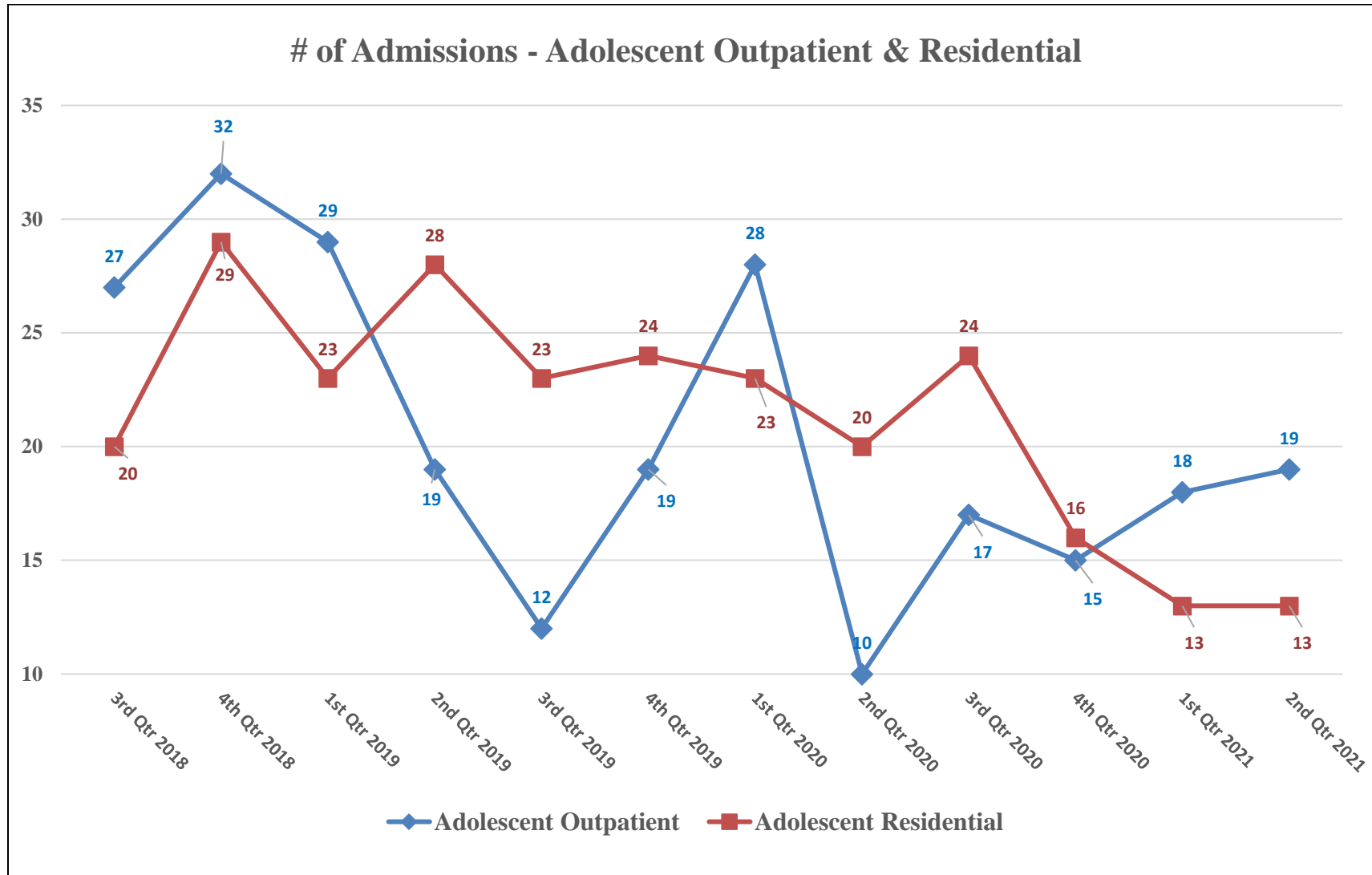


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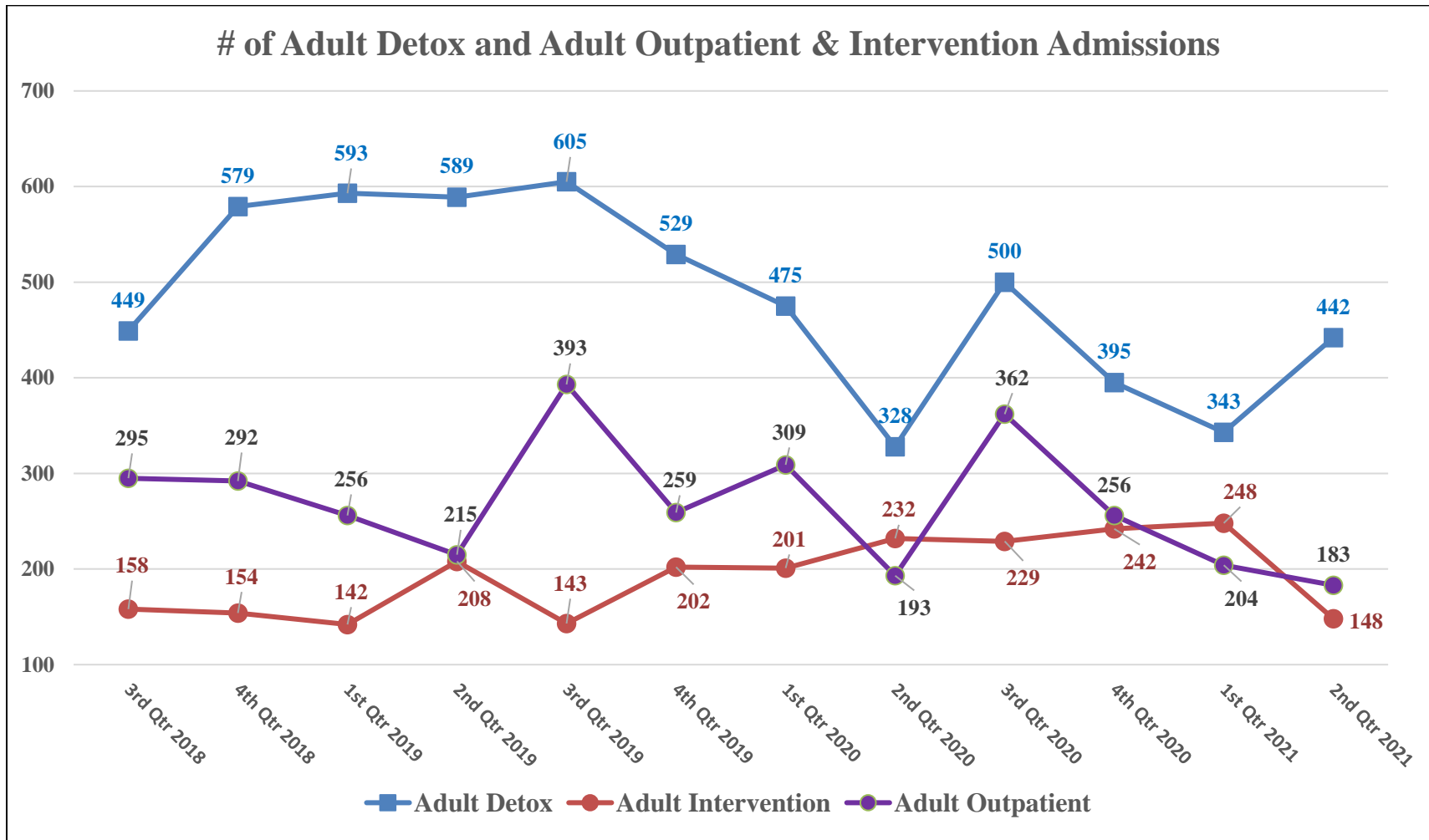
Gateway Admissions by Program/Service Unit *(Accredited Programs Only)*

Program/ Service Unit							Covid-19 Pandemic							
	3rd Qtr 2018	4th Qtr 2018	1st Qtr 2019	2nd Qtr 2019	3rd Qtr 2019	4th Qtr 2019	1st Qtr 2020	2nd Qtr 2020	3rd Qtr 2020	4th Qtr 2020	1st Qtr 2021	2nd Qtr 2021	<u>TARGET</u>	AVG
Adolescent Intervention	24	22	26	33	20	27	22	36	20	13	17	16	20	23.0
Adolescent Outpatient	27	32	29	19	12	19	28	10	17	15	18	19	20	20.4
Adolescent Residential	20	29	23	28	23	24	23	20	24	16	13	13	20	21.3
Adult Day Night/IOP	15	9	8	8	8	6	NA	1	NA	2	1	1	5	5.9
Adult Detox	449	579	593	589	605	529	475	328	500	395	343	442	525	485.6
Adult Intervention	158	154	142	208	143	202	201	232	229	242	248	148	175	192.3
Adult Outpatient	295	292	256	215	393	259	309	193	362	256	204	183	275	268.1
Adult Residential	96	120	138	168	134	167	166	97	119	87	98	112	100	125.2
Problem-Solving Courts	NA	NA	NA	NA	9	91	18	12	25	25	27	18	25	28.1
Adolescent Totals	71	83	78	80	55	70	73	66	61	44	49	49	60	64.9
Adult Totals	1,013	1,154	1,137	1,188	1,292	1,254	1,169	863	1235	1,007	921	904	1,105	1094.8

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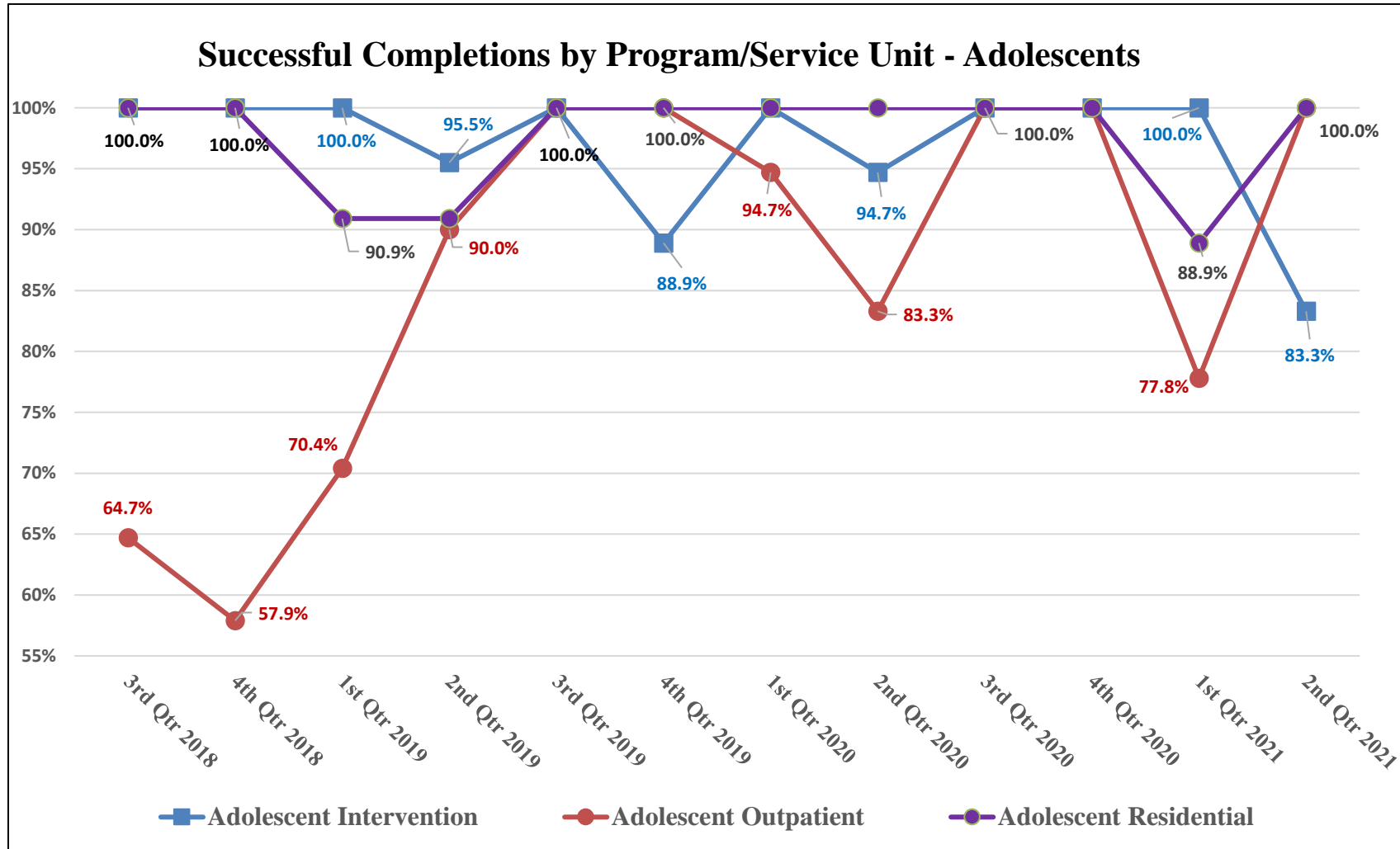


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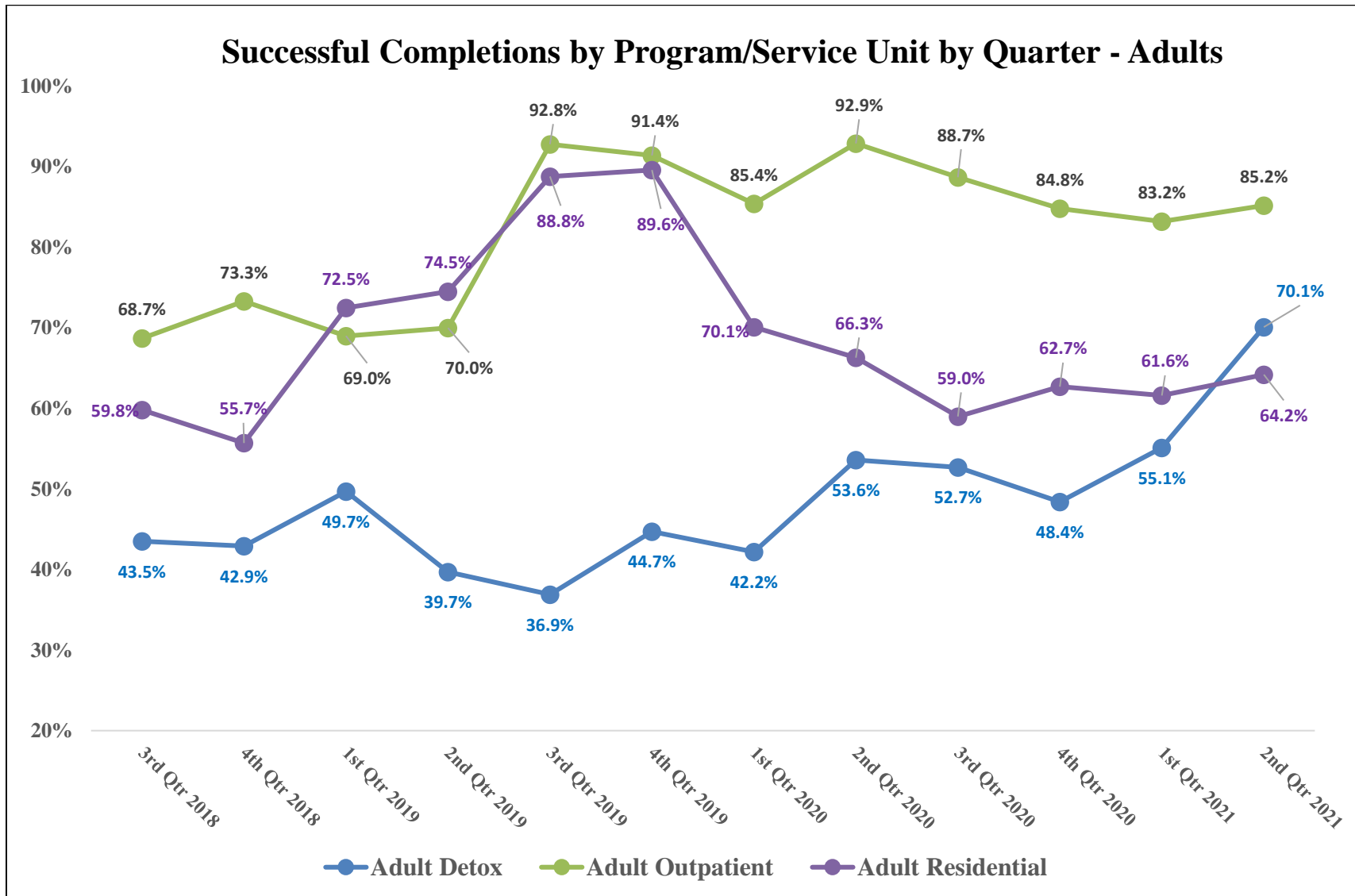
Quarterly Successful Completions by Program (*Accredited Programs*)

Program/ Service Unit							Covid-19 Pandemic							
	3 rd Qtr 2018	4 th Qtr 2018	1 st Qtr 2019	2 nd Qtr 2019	3 rd Qtr 2019	4 th Qtr 2019	1 st Qtr 2020	2 nd Qtr 2020	3 rd Qtr 2020	4 th Qtr 2020	1 st Qtr 2021	2 nd Qtr 2021	GOAL	AVG
Adolescent Intervention	100%	100%	100%	95.5%	100%	88.9%	100%	94.7%	100%	100%	100%	83.3%	85%	96.9%
Adolescent Outpatient	64.7%	57.9%	70.4%	90.0%	100%	100%	94.7%	83.3%	100%	100%	77.8%	100%	80%	86.6%
Adolescent Residential	100%	100%	90.9%	90.9%	100%	100%	100%	100%	100%	100%	88.9%	100%	85%	97.6%
Adult Detox	43.5%	42.9%	49.7%	39.7%	36.9%	44.7%	42.2%	53.6%	52.7%	48.4%	55.1%	70.1%	50%	48.3%
Adult Intervention	68.9%	64.9%	66.9%	80.0%	69.6%	69.0%	61.9%	74.7%	62.8%	61.9%	61.1%	53.2%	70%	66.2%
Adult IOP/ Day-Night	88.9%	80.0%	100%	100%	80.0%	100%	100%	NA	100%	100%	100%	100%	85%	95.4%
Adult Outpatient	68.7%	73.3%	69.0%	70.0%	92.8%	91.4%	85.4%	92.9%	88.7%	84.8%	83.2%	85.2%	80%	82.1%
Adult Residential	59.8%	55.7%	72.5%	74.5%	88.8%	89.6%	70.1%	66.3%	59.0%	62.7%	61.6%	64.2%	70%	68.73 %
Problem-Solving Courts	NA	NA	NA	NA	100%	100%	100%	100%	66.7%	57.1%	64.0%	52.9%	70%	80.1%
Adolescent Average	77.1%	75.2%	77.8%	79.0%	84.2%	83.4%	84.2%	82.9%	88.2%	82.1%	76.6%	81.3%	80%	81.0%
Adult Average	69.2%	67.8%	74.2%	77.9%	83.5%	86.8%	81.8%	81.5%	78.7%	76.9%	74.0%	78.2%	75%	77.5%
Overall Average	74.3%	71.8%	77.4%	80.1%	85.3%	87.1%	83.8%	83.2%	81.1%	79.4%	76.9%	78.8%	75%	80.2%

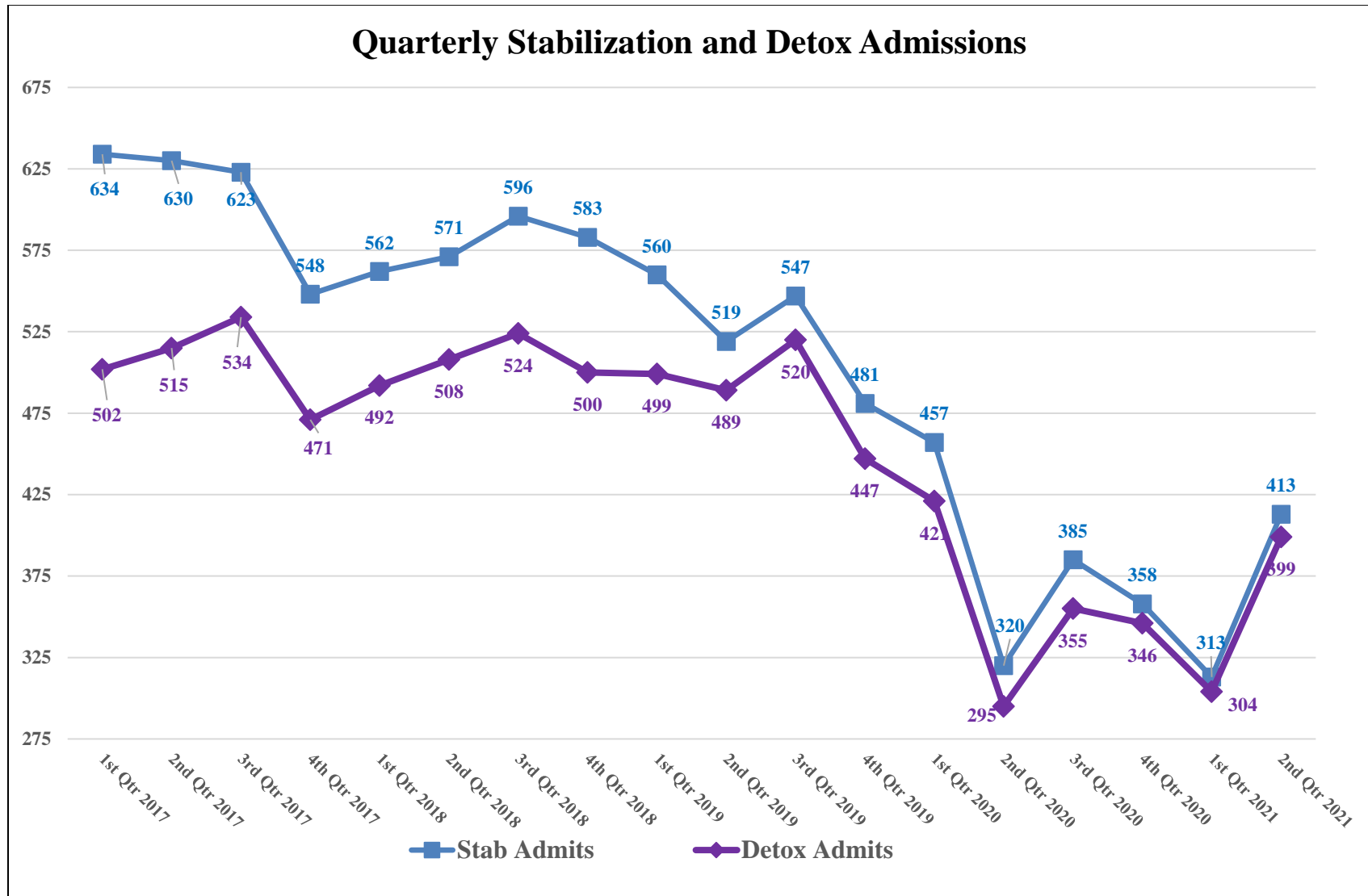
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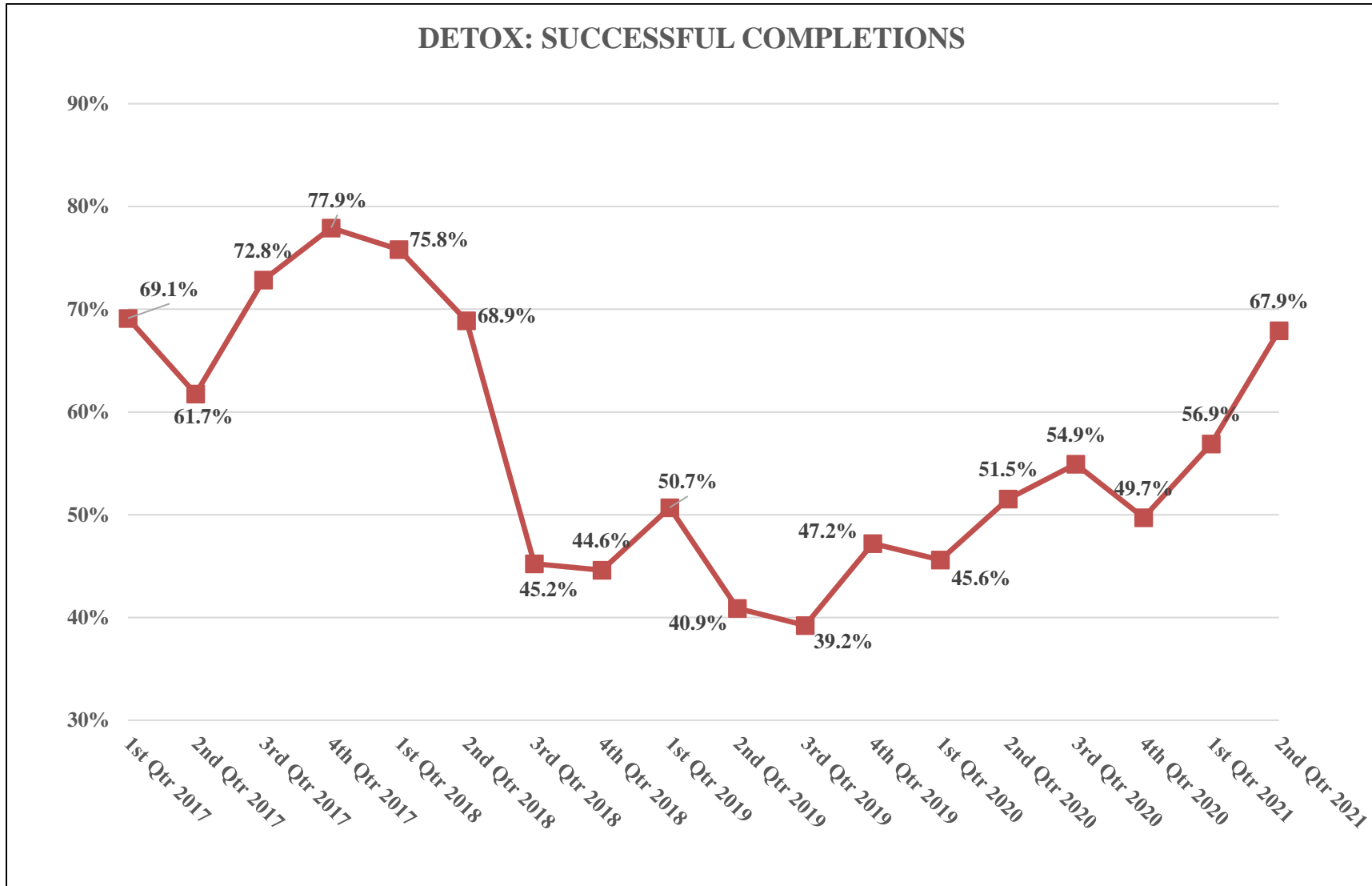
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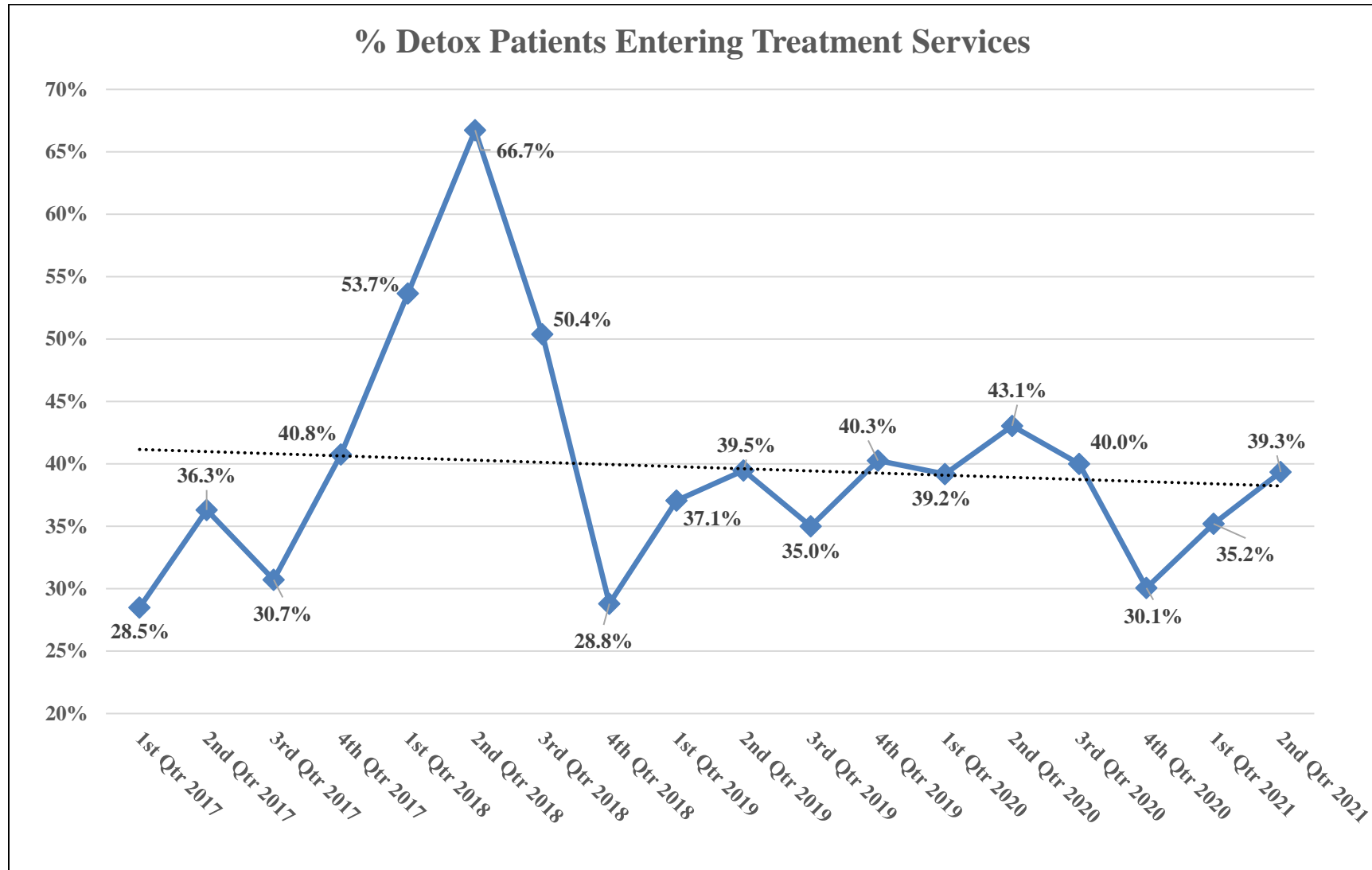
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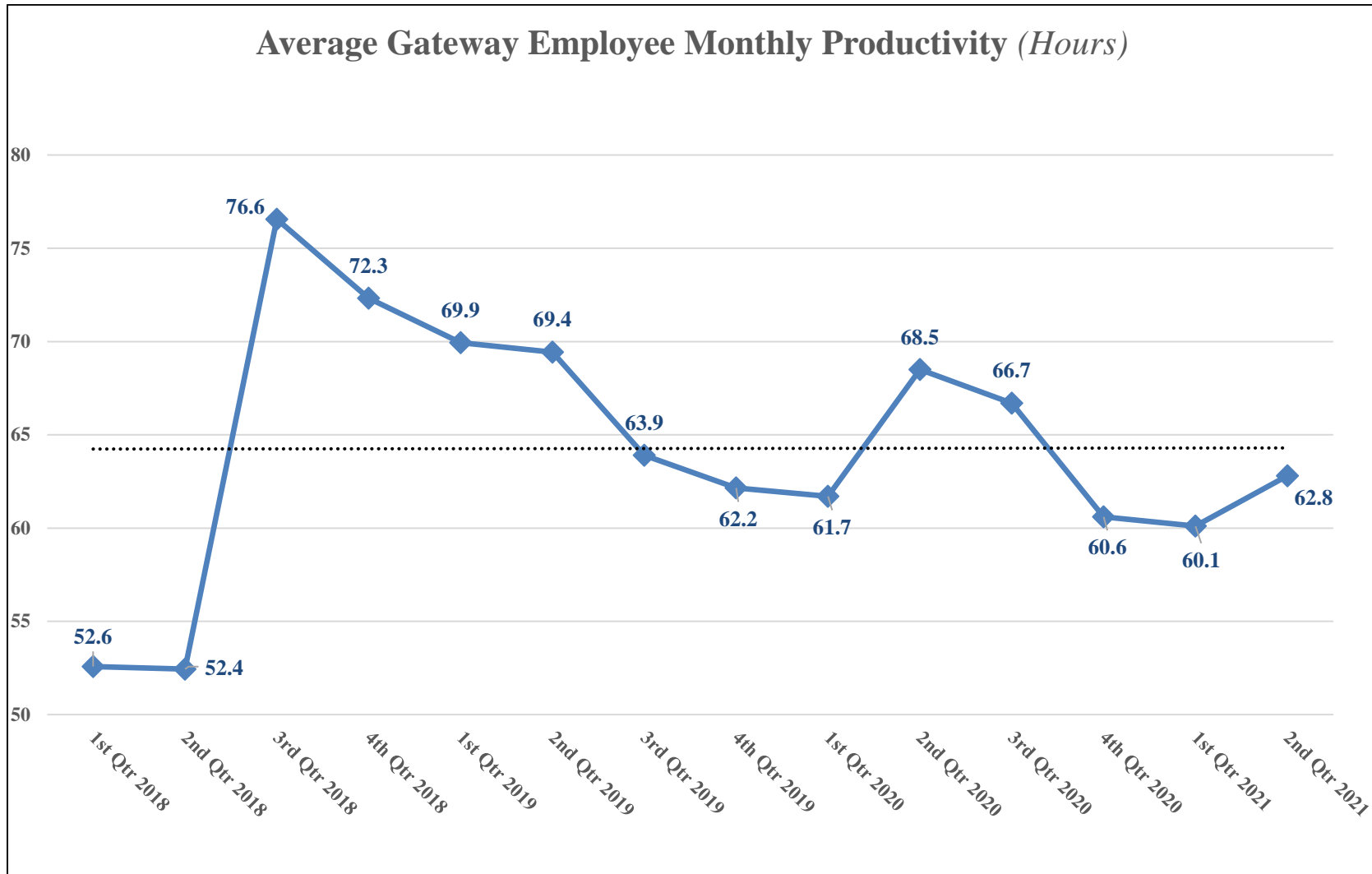
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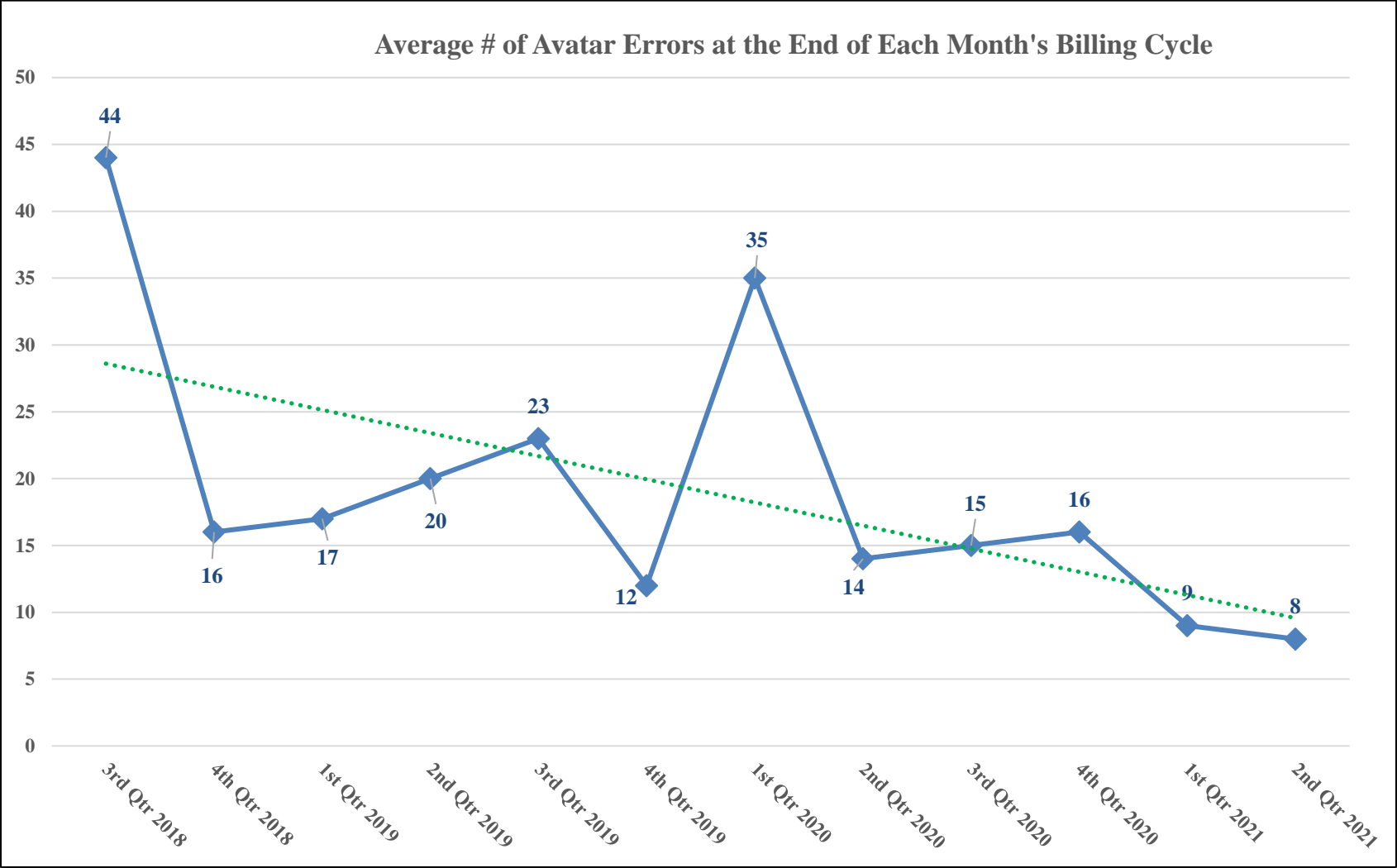
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Average Hours of Monthly Supervision Provided per Employee by Program – FY 2021

Program	Avg Hours / Month / Employee
Adolescent OP	1.5
Adolescent Residential	2.0
Adult OP Specialty Svcs	4.3
Adult Outpatient	3.4
Adult Residential	3.4
Aftercare/HSS	3.7

Green = Above 4

Program	Avg Hours / Month / Employee
FIS	1.4
FIT	4.6
Problem-Solving Courts	1.5
RBS/TRH	4.4
Recovery Connections/PSL	1.6
STAR	7.6

Red = Below 2

Peer & Supervisor Record Reviews by Program – Average # of Reviews & Scores – FY 2021

Program	Avg #	Open	Closed
Adolescent OP	4.3	99.0%	88.9%
Adolescent Residential	8.7	97.2%	96.7%
Adult OP Spec Svcs	5.4	93.0%	94.5%
Adult Outpatient	32.2	97.1%	94.5%
Adult Residential	17.6	88.9%	93.7%

Green = Above 10 & Above 95%

Program	Avg #	Open	Closed
Aftercare/HSS	13.3	88.0%	86.7%
FIS	11.3	91.1%	98.9%
FIT	9.8	97.3%	97.6%
Problem-Solving Courts	6.9	97.0%	93.0%
STAR	7.2	94.0%	89.1%

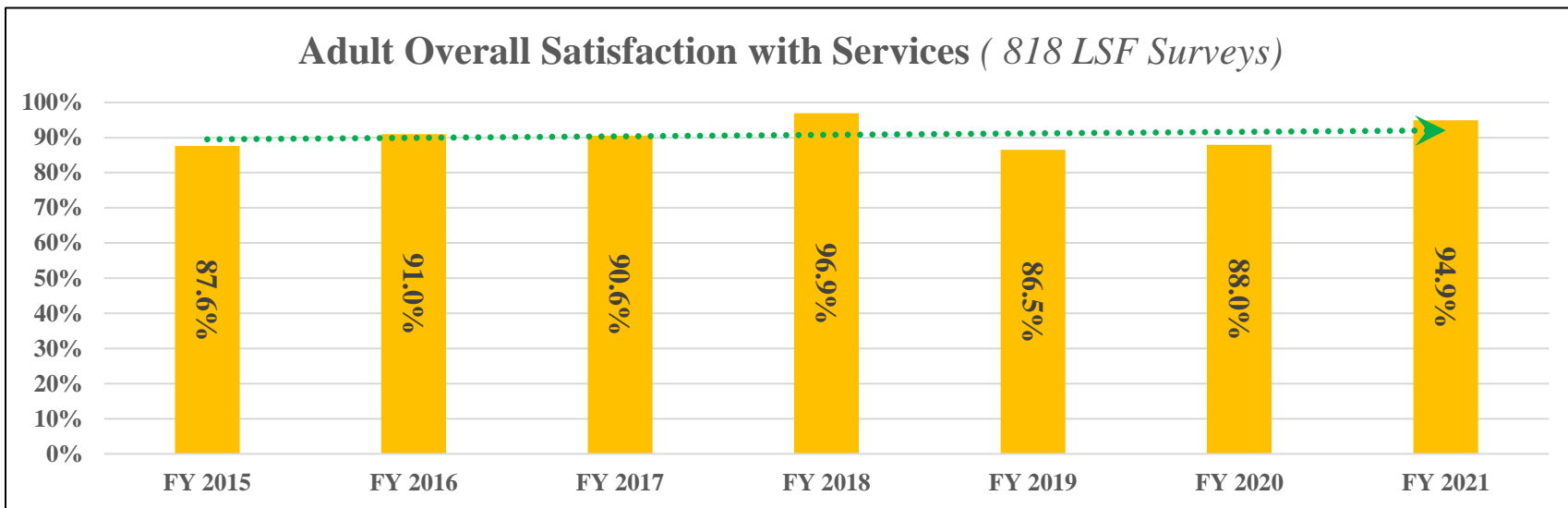
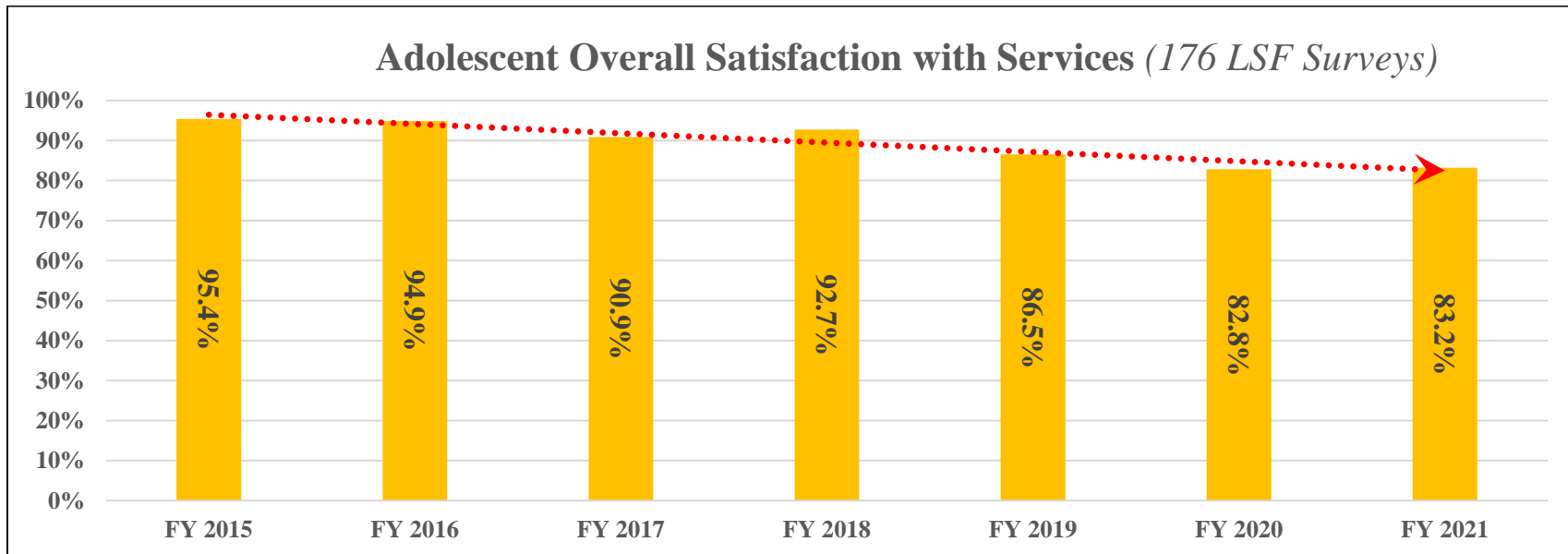
Red = Below 5 & Below 90%

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Patient Satisfaction Survey Responses (844 Post-Discharge Phone Interviews)

- **95.7%** reported that they had not been arrested since leaving treatment. (**Above** target of 95%.)
- **95.1%** reported that they were continuing to make progress in their recovery. (**Above** target of 80%.)
- **93.3%** reported that the services that they received were helpful in achieving their goals. (**Above** target of 80%.)
- **93.1%** reported that they were confident in their ability to remain sober. (**Above** target of 80%.)
- **87.1%** reported that they had not used alcohol or other drugs in the past 30 days. (**Above** target of 85%.)
- **57.2%** reported that they had an AA/NA sponsor. (**Below** target of 60%.)
- **56.5%** reported that they were employed or had a stable source of income. (**Below** target of 60%.)
- **44.9%** reported that they were attending AA, NA or other recovery meetings. (**Below** target of 60%.)

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<u>Gateway Employee Satisfaction Survey Results</u>	<u>Jan. 2018</u> Avg (# = 90)	<u>Jan. 2019</u> Avg (# = 103)	<u>Nov. 2019</u> Avg (# = 118)	<u>Nov. 2020</u> Avg (# = 180)
Gateway is a safe place to work.	60.92%	66.99%	66.11%	69.83%
My strengths, abilities, & skills are being put to the best use.	59.31%	73.79%	74.33%	81.46%
My workload is manageable.	53.49%	63.11%	73.50%	70.90%
I receive positive feedback & support for good work.	40.97%	49.52%	58.47%	58.10%
Communication within Gateway is effective.	21.43%	36.89%	34.74%	39.11%
The leadership of Gateway promotes teamwork.	40.74%	63.10%	59.32%	58.52%
The work that I perform is valuable.	85.54%	87.38%	88.13%	85.47%
Patients are treated with dignity & respect at Gateway.	61.18%	73.78%	64.95%	70.39%
The services offered by Gateway are readily accessible.	67.06%	70.88%	64.11%	63.69%
The pay & benefits package offered by the organization is fair & competitive.	13.09%	14.70%	33.90%	15.25%
My job description accurately reflects the work that I perform.	55.95%	65.15%	72.88%	74.86%
I feel confident in Gateway's leadership.	50.00%	65.69%	68.65%	63.69%
I receive the support needed to provide great customer service.	57.14%	68.62%	67.79%	74.16%
My co-workers provide excellent customer service.	63.53%	59.22%	66.10%	72.31%
Gateway's mission & objectives have been clearly communicated.	52.95%	58.25%	55.93%	63.84%
Gateway treats all employees equally & fairly.	46.43%	54.37%	53.39%	58.42%
Gateway's leadership team practices open & clear communication.	40.00%	49.52%	54.24%	58.10%
I can speak freely to my supervisor.	68.67%	74.76%	79.66%	78.21%
Gateway's leadership team openly encourages feedback & input.	40.00%	62.13%	59.32%	63.13%
Gateway supports the professional development of its employees.	53.02%	63.11%	65.82%	62.92%
The general morale of Gateway employees is positive & healthy.	35.29%	54.37%	60.17%	53.07%
I am proud to work for Gateway.	71.76%	83.49%	83.76%	80.57%
I would recommend working for Gateway to my friends.	51.76%	66.33%	72.03%	69.27%
I would recommend Gateway's services to a family member or friend.	70.24%	80.13%	73.51%	75.98%
Overall Average (Target = 70%)	52.52%	62.72%	64.62%	65.05%

Green = Improved

Red = Declined

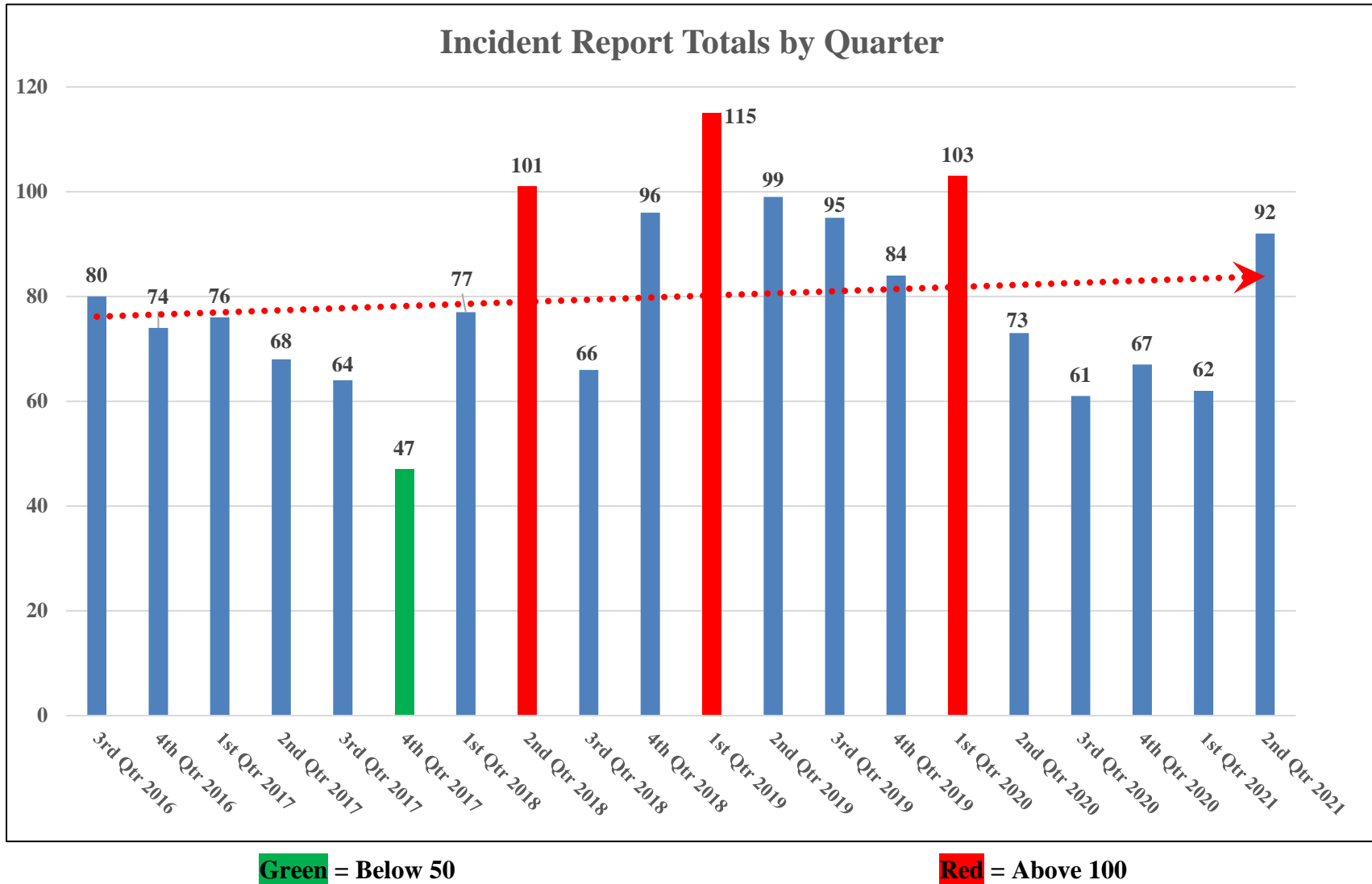
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Gateway Key Stakeholder Satisfaction Survey Results				
<u>Question</u>	<u>Jan. 2018</u> <u>Avg (# = 18)</u>	<u>Jan. 2019</u> <u>Avg (# = 15)</u>	<u>Nov. 2019</u> <u>Avg (# = 13)</u>	<u>Nov. 2020</u> <u>Avg (# =40)</u>
What percentage of respondents reported that they contacted Gateway an average of 1 x monthly or more?	64.70%	80.00%	69.23%	67.50%
How likely is it that you will recommend Gateway to a friend or colleague? (<i>Likely or Extremely Likely</i>)	86.67%	100%	100%	75.00%
How would you describe Gateway's services? (<i>Above Average or Excellent</i>)	73.33%	86.66%	92.31%	55.00%
How well do our services meet your needs? (<i>Very Well or Extremely Well</i>)	80.00%	80.00%	92.31%	62.50%
How would you rate the quality of the services that your agency receives? (<i>Above Average or Excellent</i>)	80.00%	80.00%	92.31%	62.50%
How responsive have we been to your needs, questions, or concerns about those you refer? (<i>Above Average or Excellent</i>)	66.67%	85.71%	91.66%	55.00%
How likely are you to refer someone to Gateway for services in the future? (<i>Likely or Extremely Likely</i>)	86.66%	100%	100%	80.00%
In your opinion, are those who live in NE Florida aware of Gateway & our services? (<i>Mostly Aware or Well Known</i>)	66.67%	93.34%	76.92%	55.00%
Overall, how satisfied/dissatisfied are you with Gateway's services over the past 12 months? (<i>Somewhat/Very Satisfied</i>)	86.67%	92.34%	100%	72.50%
Please rate the accessibility of Gateway's services. (<i>Above Average or Excellent</i>)	60.00%	60.00%	46.16%	47.50%
Please rate Gateway for our courtesy/helpfulness. (<i>Above Average or Excellent</i>)	66.66%	86.67%	92.31%	65.00%
Please rate Gateway for our professionalism. (<i>Above Average or Excellent</i>)	66.67%	86.66%	100%	65.00%
Please rate your overall satisfaction with Gateway. (<i>Above Average or Excellent</i>)	73.34%	100%	92.31%	60.00%
Please rate your experience with our billing, invoice, payment system. (<i>Above Average or Excellent</i>)	50.00%	80.00%	60.00%	17.50%
Overall Average (Target = 85%):	72.56%	87.03%	87.41%	59.42%

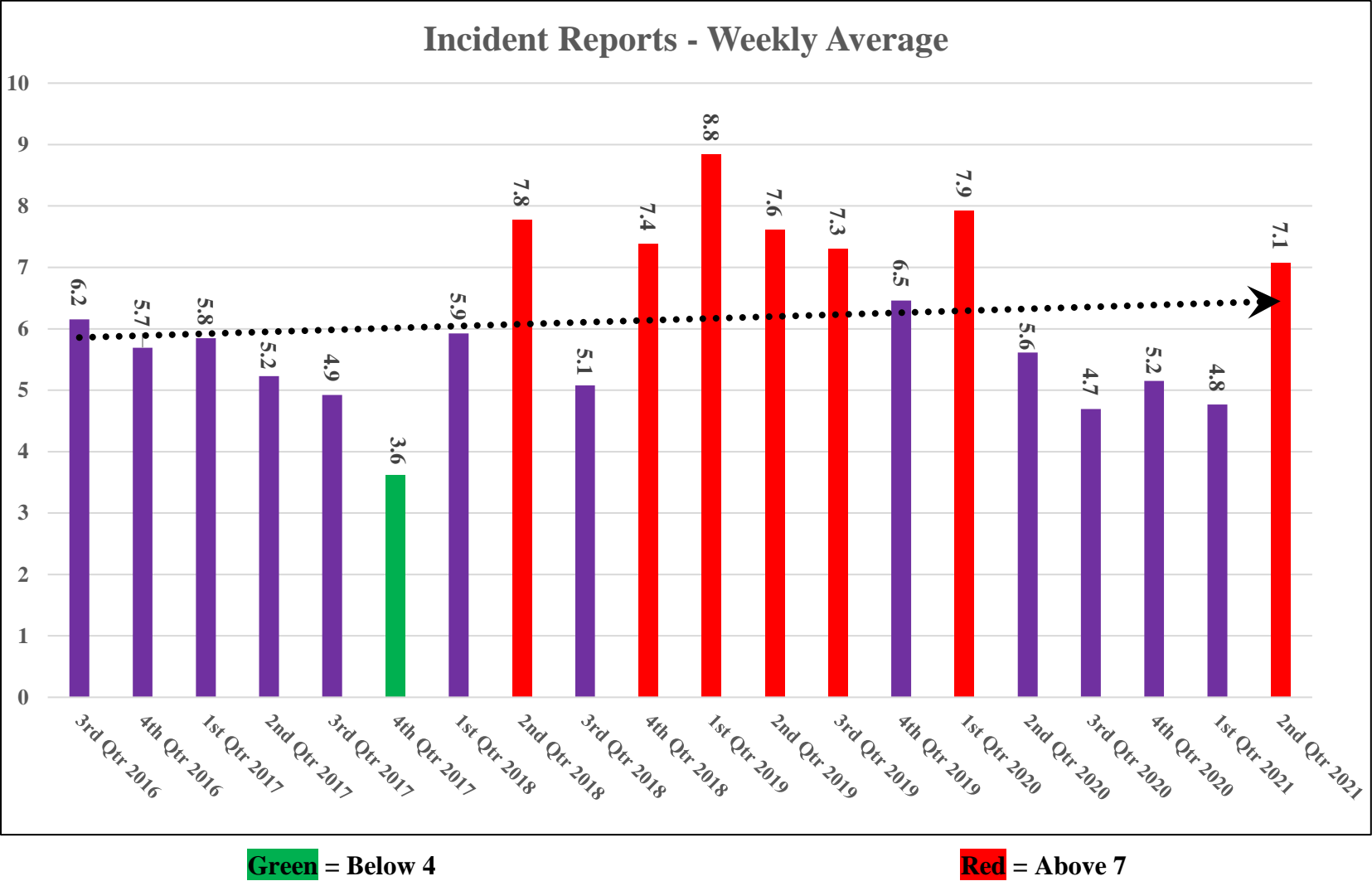
Green = Above 90%

Red = Below 70%

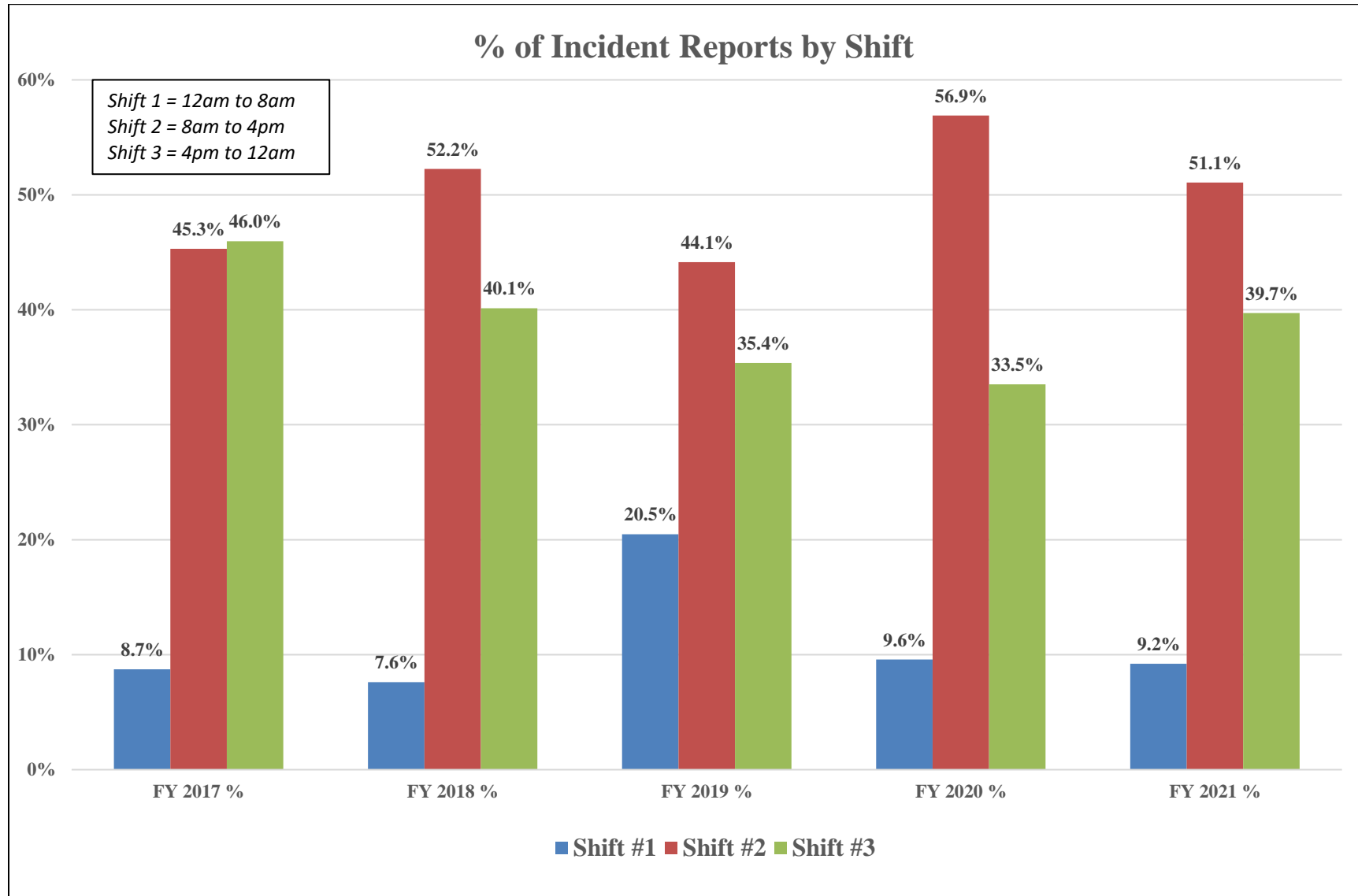
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



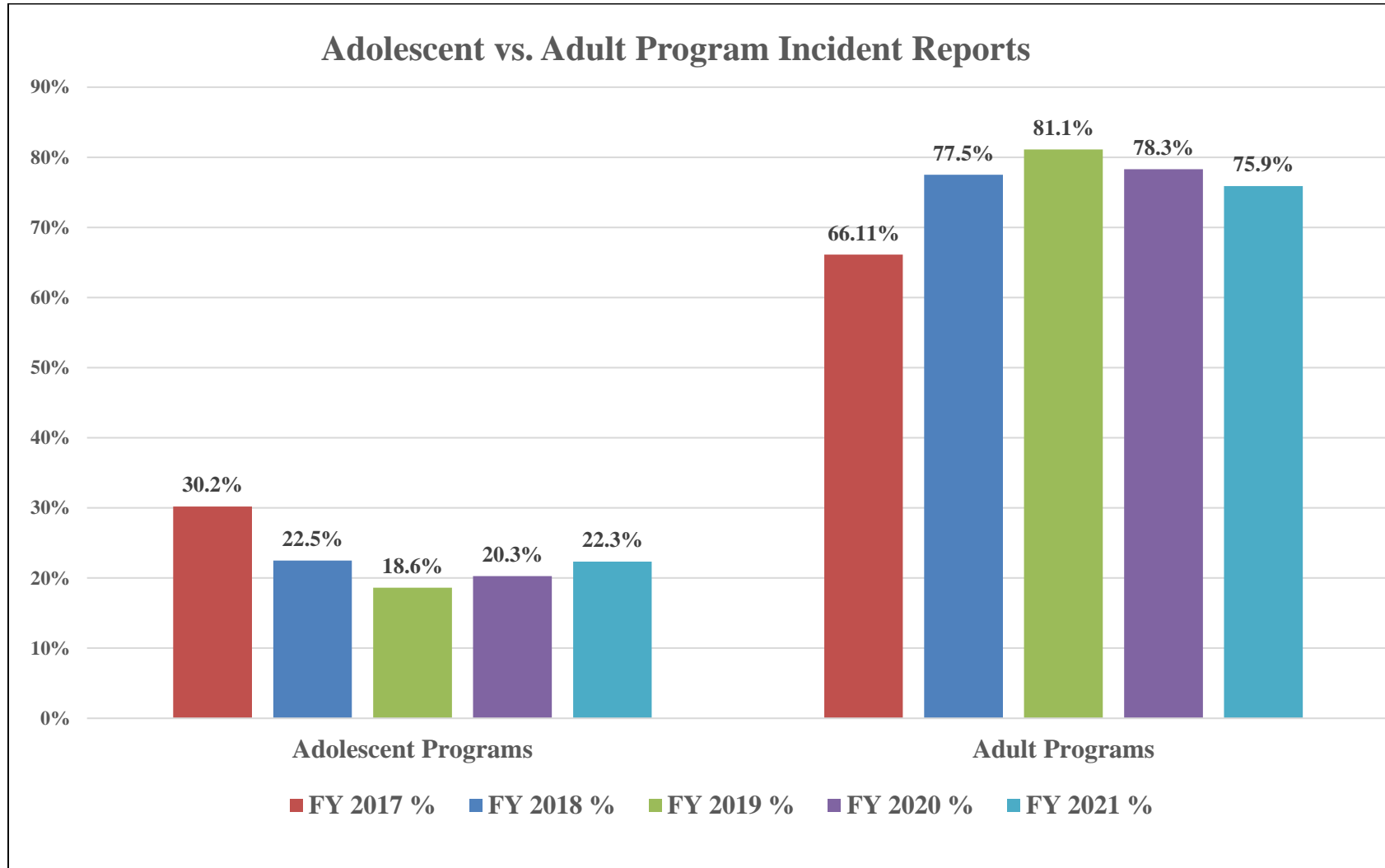
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



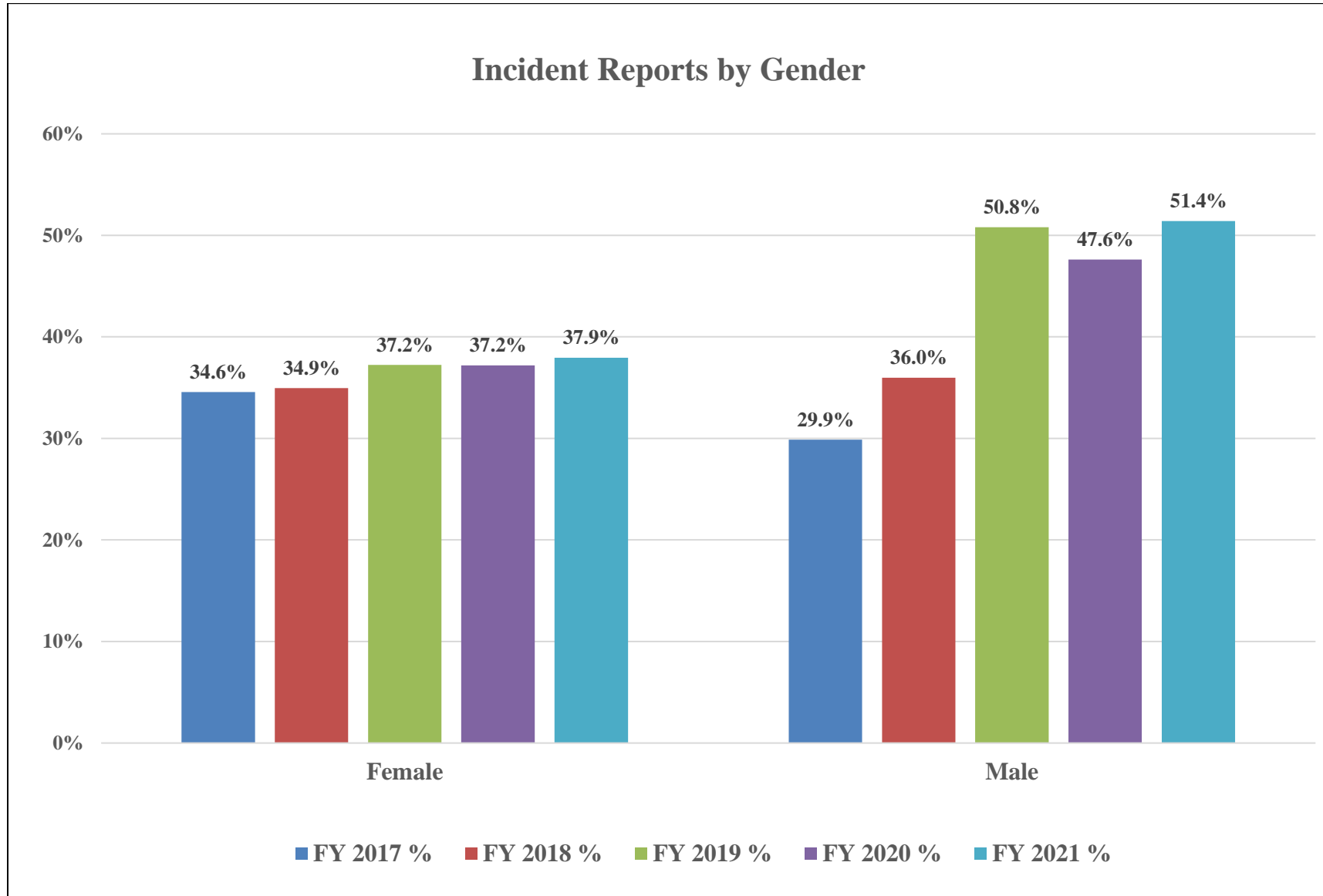
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



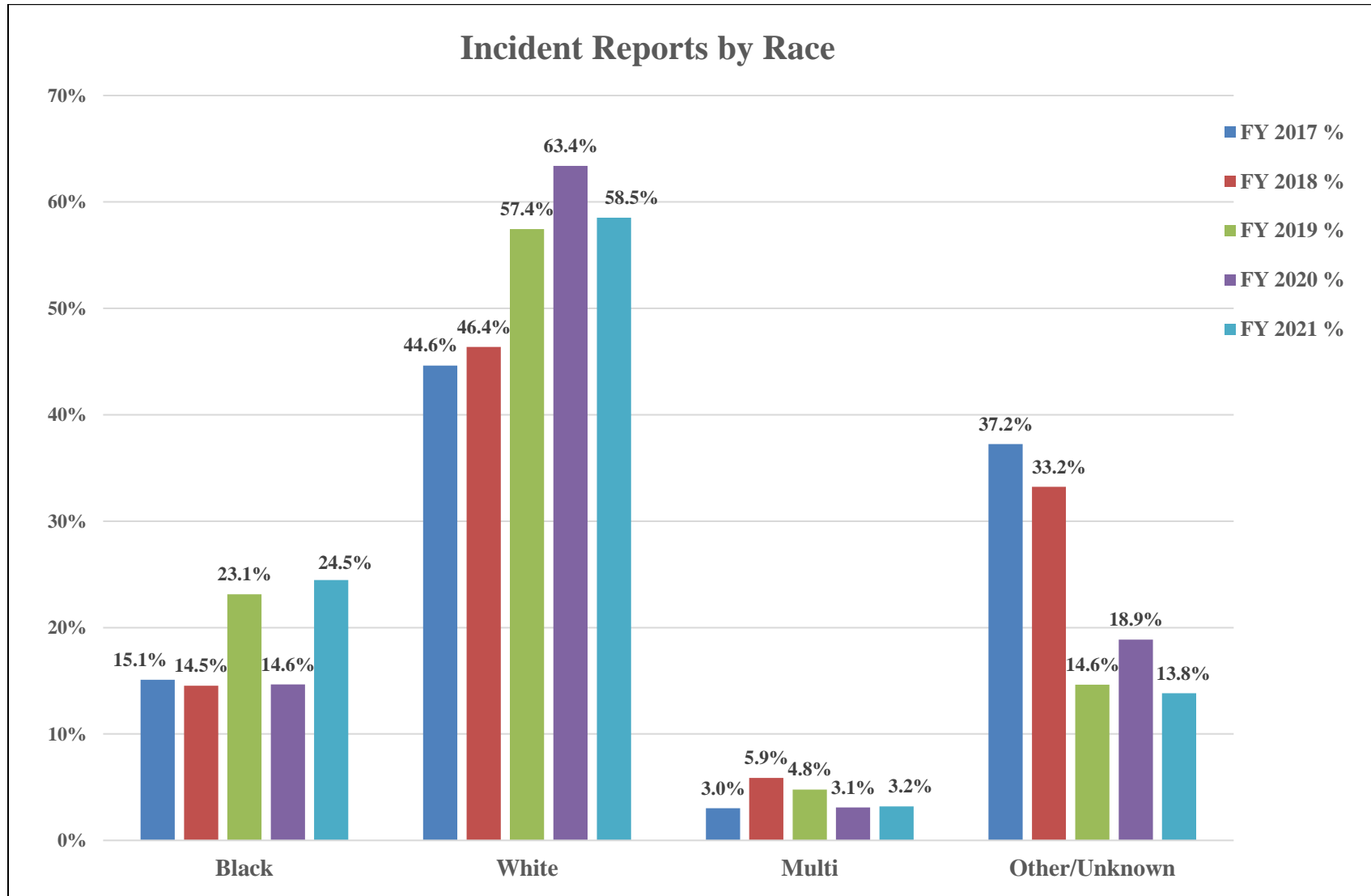
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



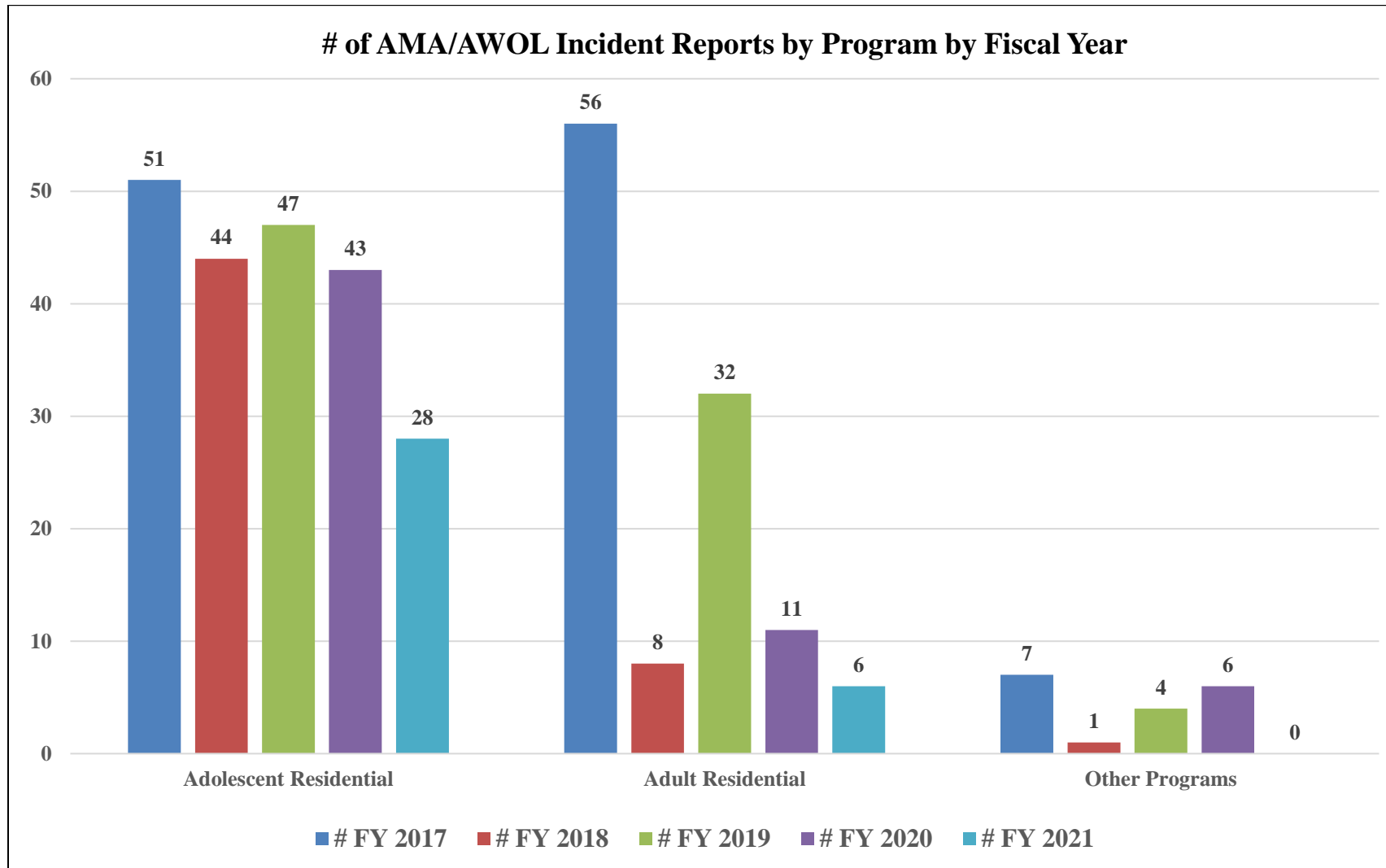
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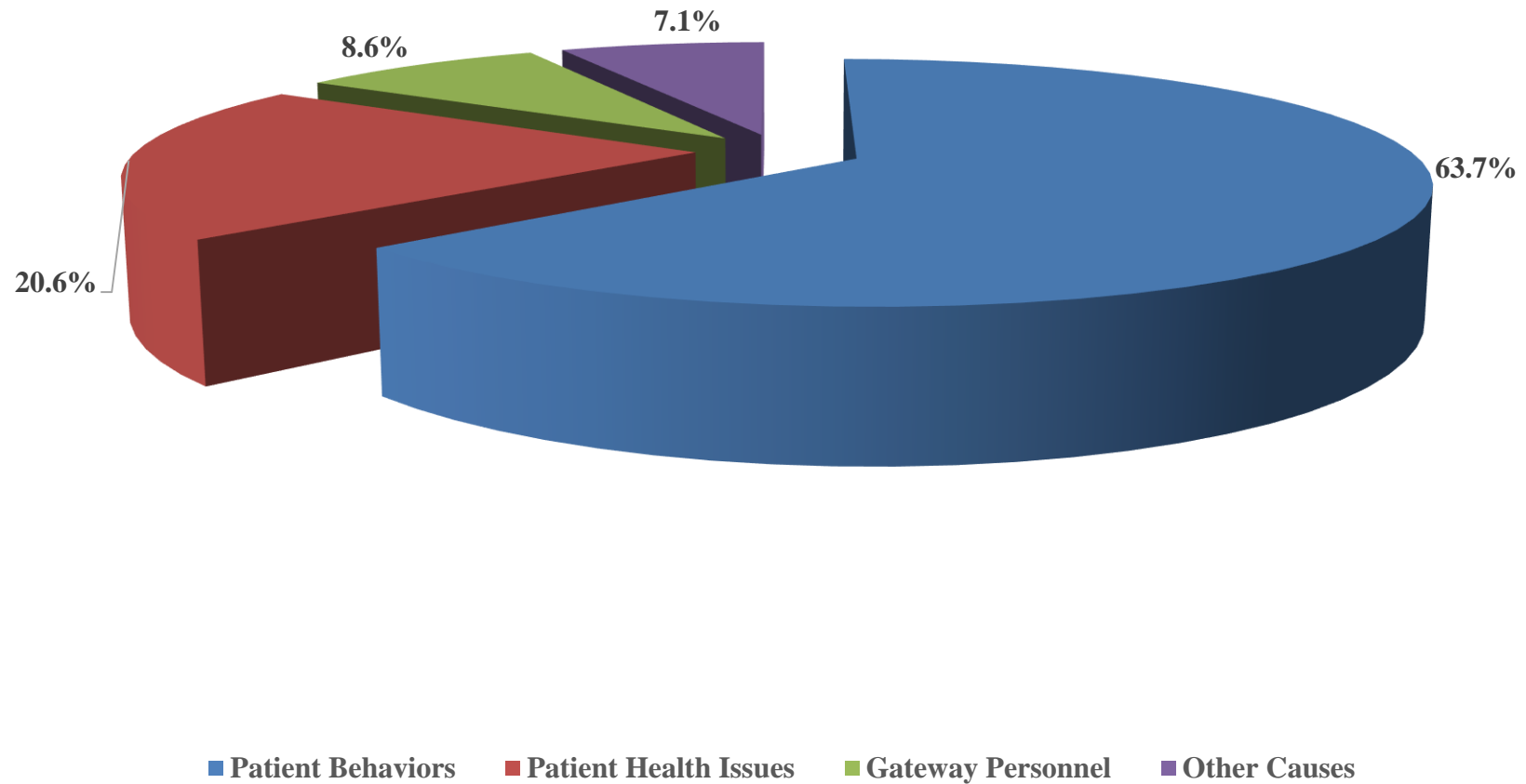


ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

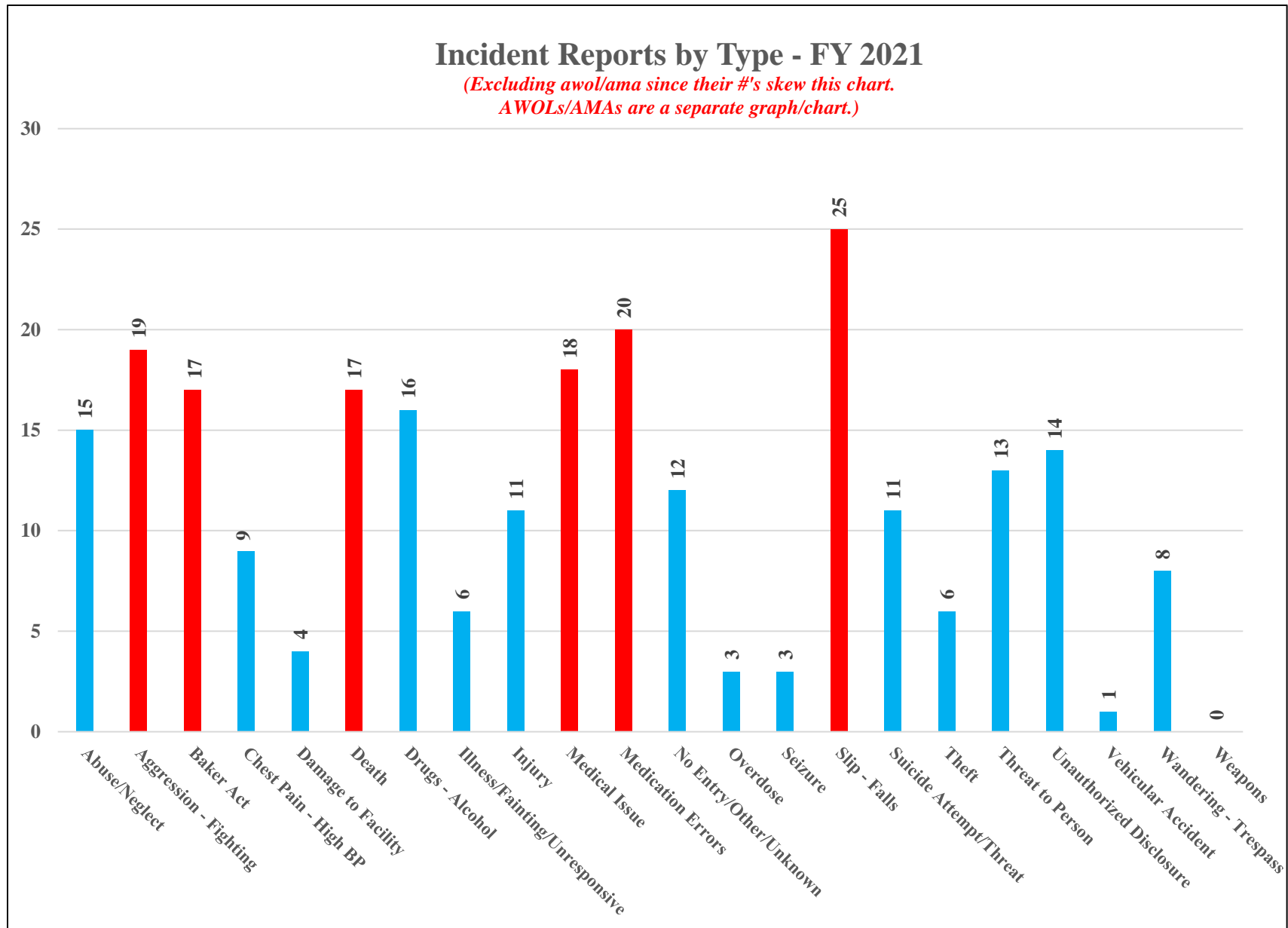


ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

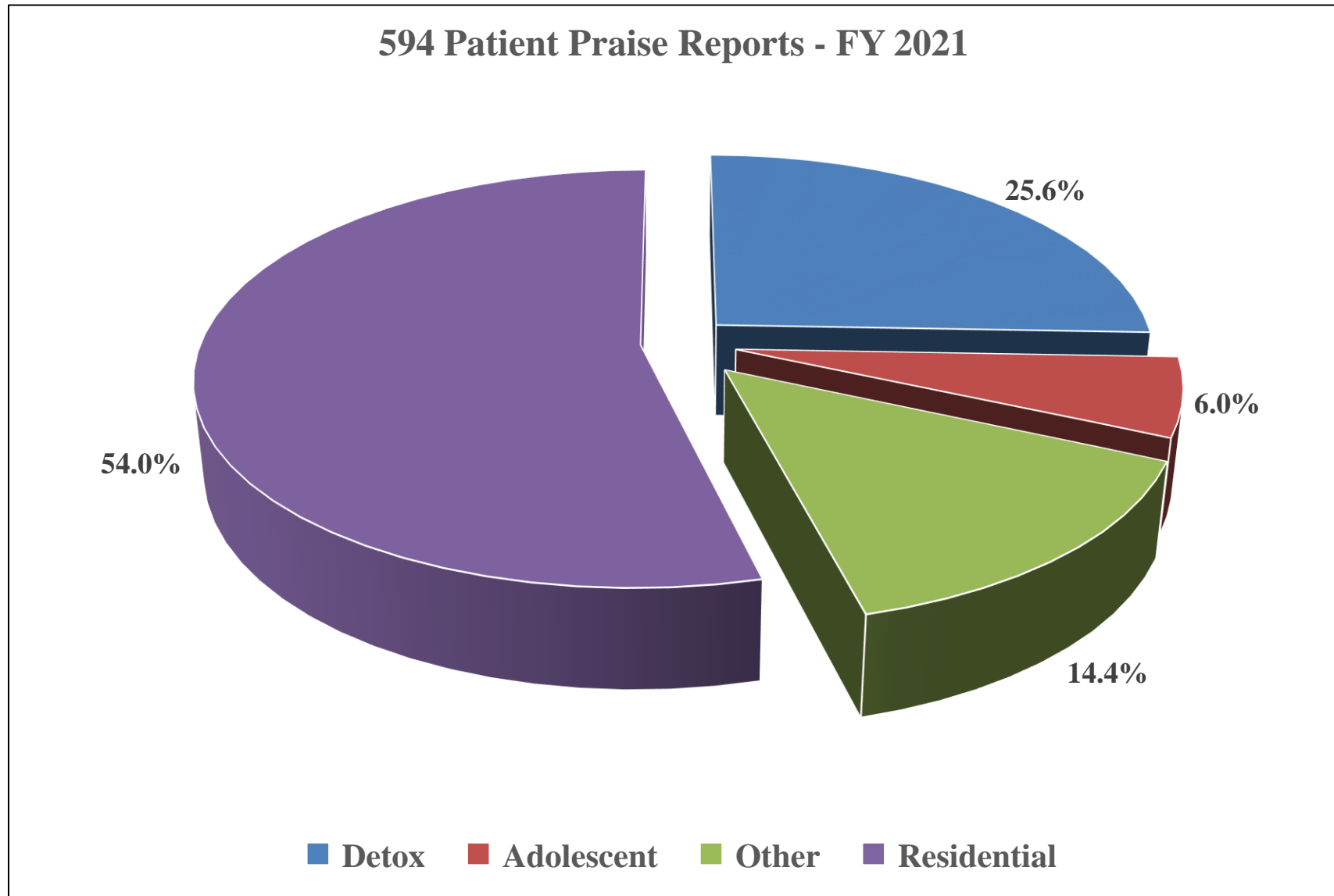
INCIDENT CLASSIFICATION SUMMARY - AVERAGE ALL YEARS



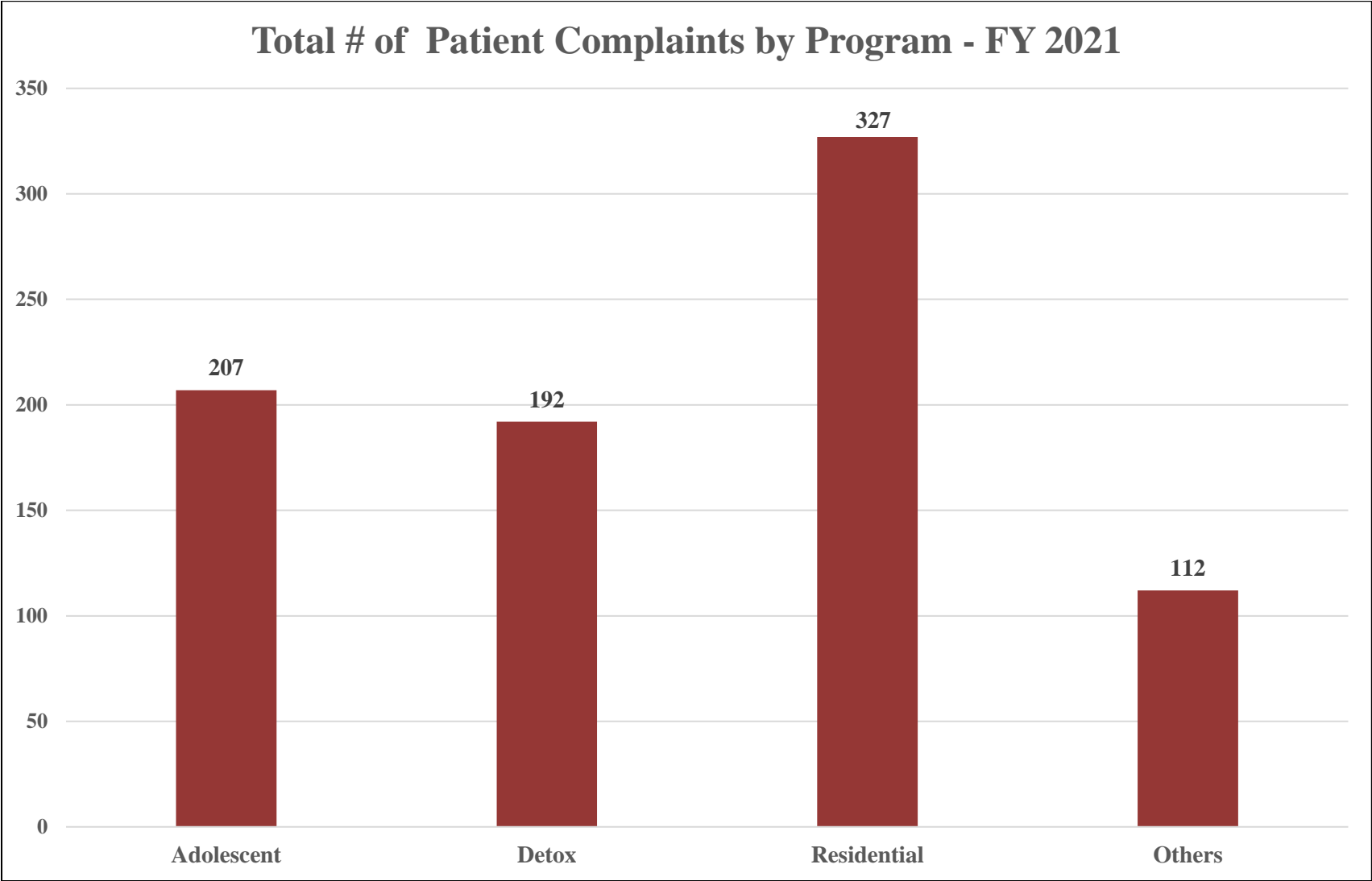
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



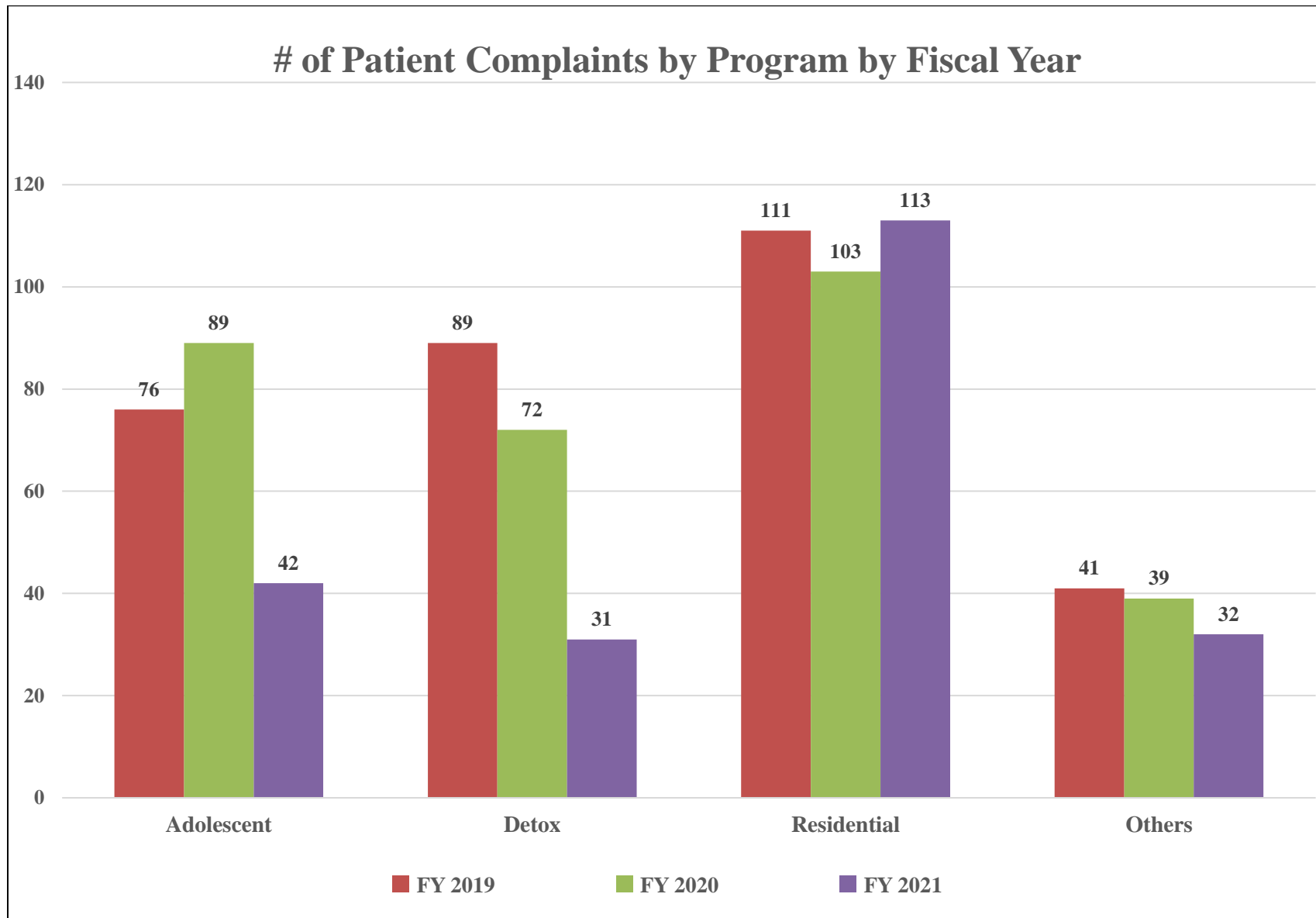
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



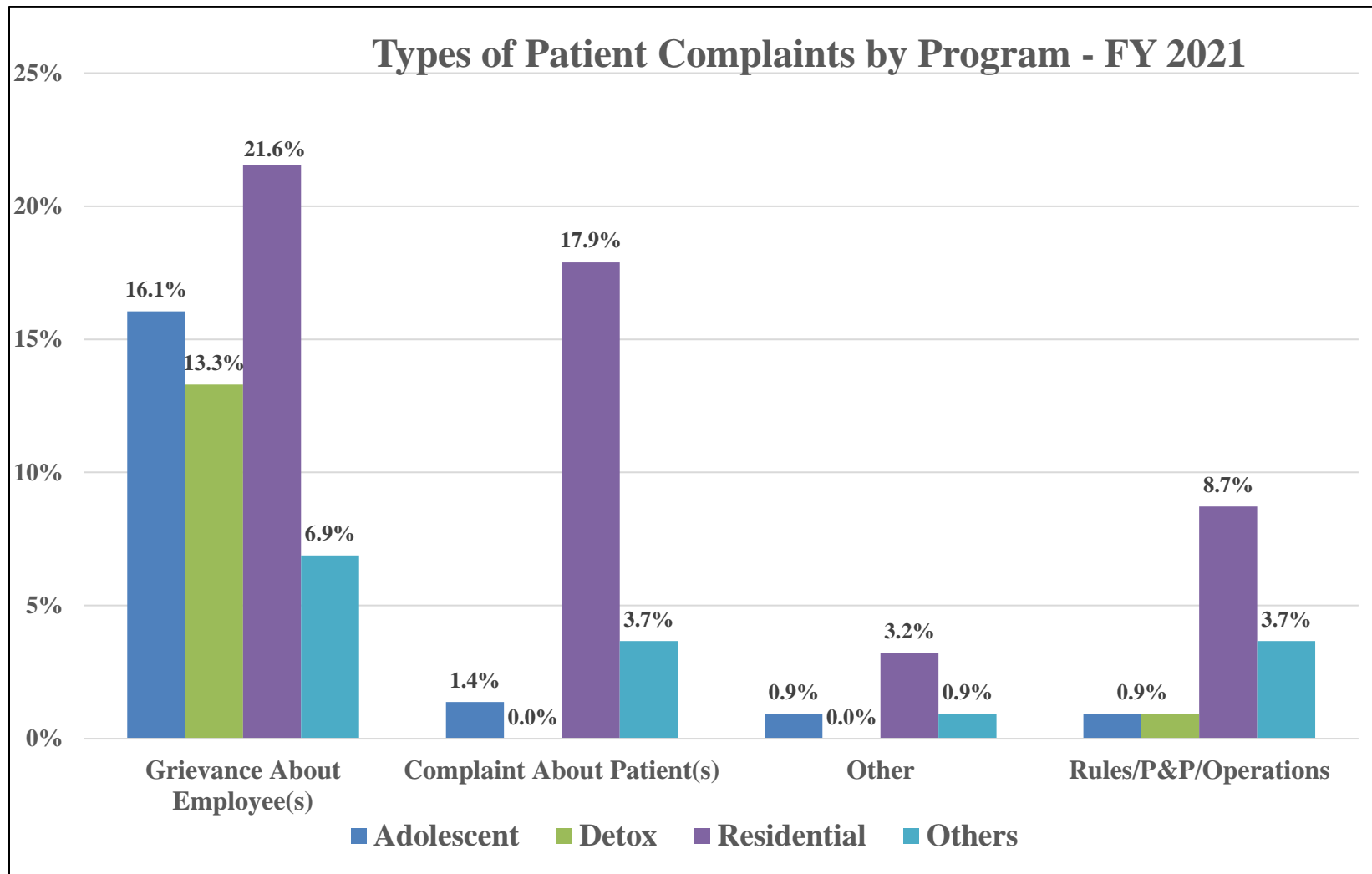
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



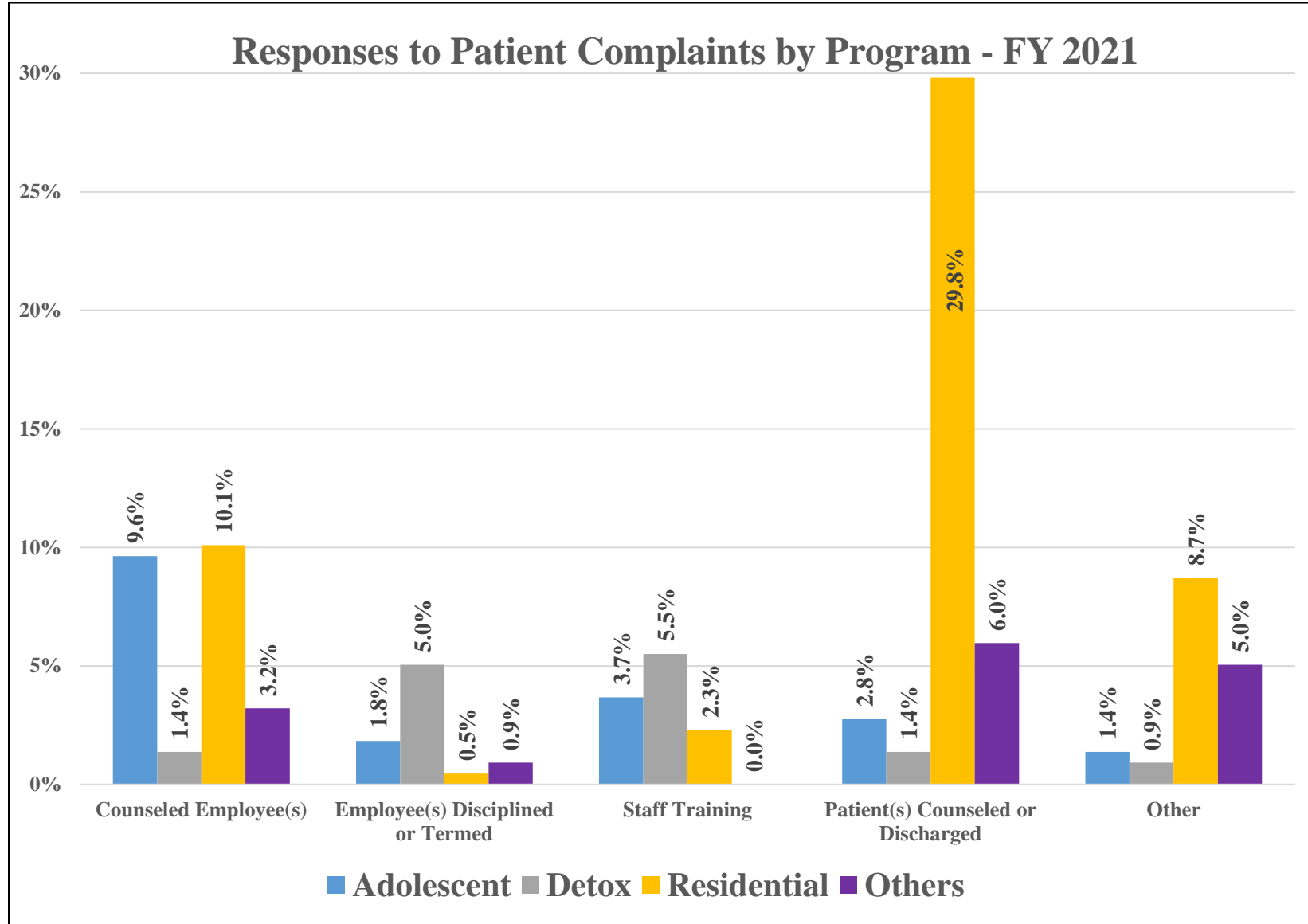
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

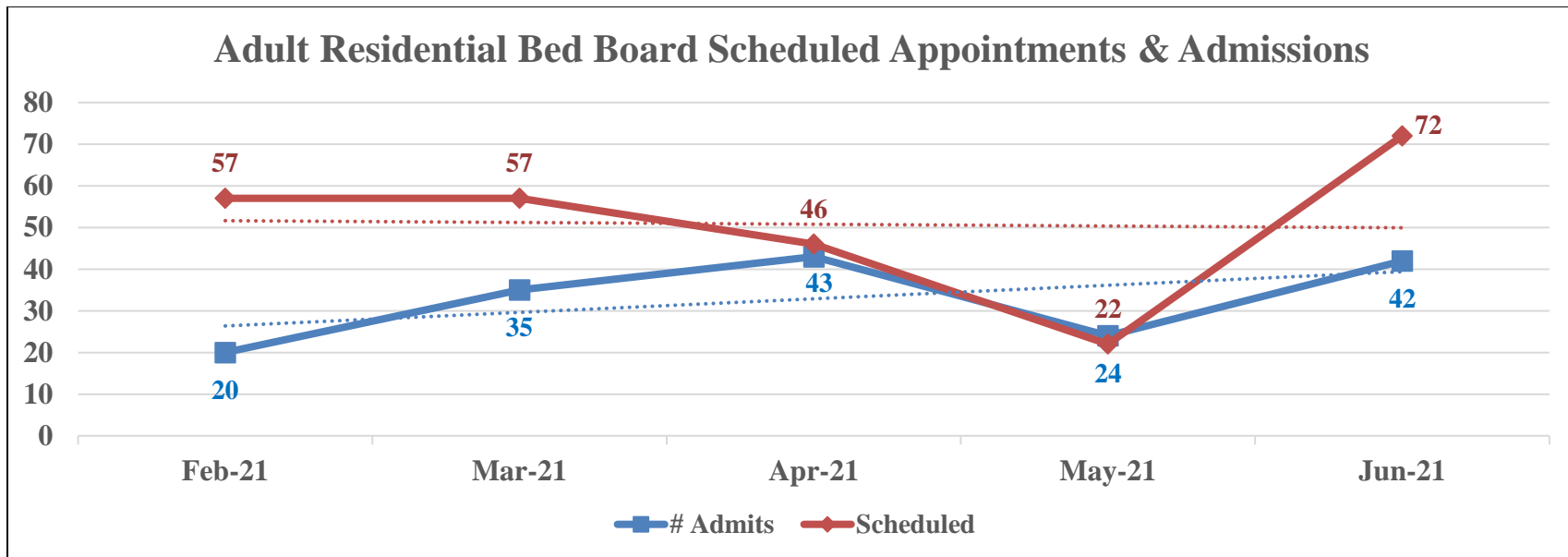


ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

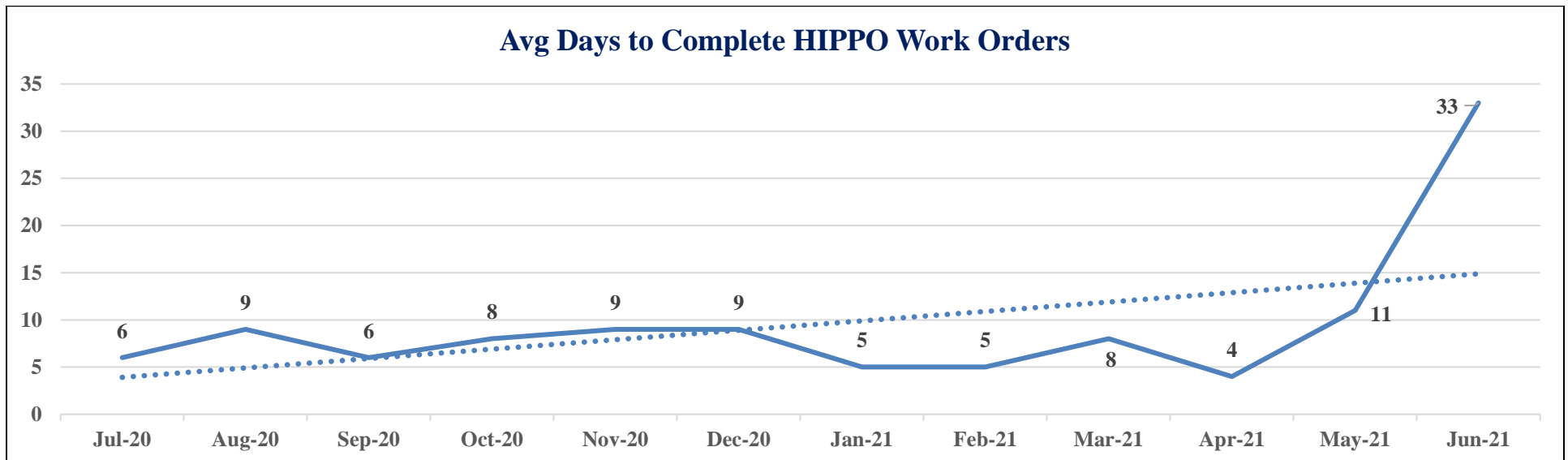
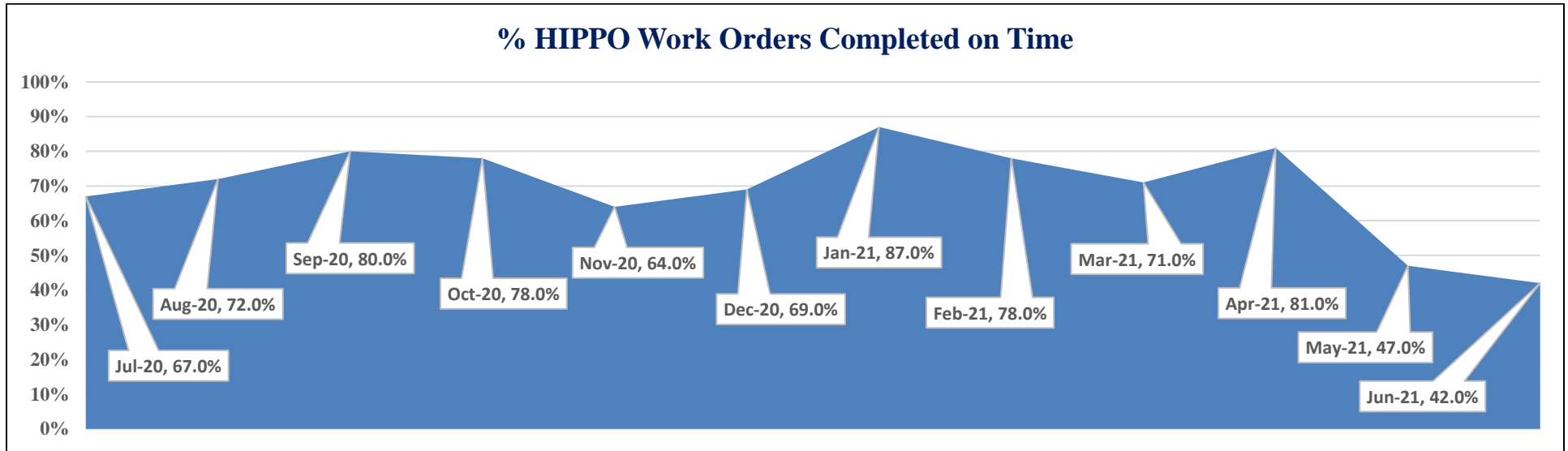
Adult Residential Bed Board Summary & Trends				
<u>Month</u>	<u># Admits</u>	<u># Discharges & AMA</u>	<u>Scheduled</u>	<u># No Show & Declined</u>
Feb 2021	20	30	57	20
March 2021	35	37	57	20
April 2021	43	36	46	22
May 2021	24	24	22	5
June 2021	42	44	72	17
Averages	32.8	34.2	50.8	16.8



ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

Narcan distributed in FY 2021 for the Safe and Healthy Neighborhoods project = 3,402 kits.

Number of Meals Prepared and Served by the Gateway Kitchen Staff During FY 2021: 203,300



ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

Evaluations of Disaster Plans (Drills) - 2020 - Summary/Overview

<u>Facility</u>	<u>Shift</u>	<u>Bombs</u>	<u>Hazmat</u>	<u>Hurricane</u>	<u>Medical</u>	<u>Tornado</u>	<u>Utility</u>	<u>Violence</u>	<u>Fire- Qtr 1</u>	<u>Fire- Qtr 2</u>	<u>Fire- Qtr 3</u>	<u>Fire- Qtr 4</u>
<u>Stockton</u> Charletta Brown	Shift 1	01/23/20	12/03/20	12/17/20	12/03/20	12/03/20	12/03/20	12/03/20	01/19/20	04/23/20	08/27/20	12/17/20
	Shift 2	01/23/20	12/03/20	12/17/20	12/03/20	12/03/20	12/03/20	12/03/20	01/23/20	04/23/20	08/27/20	12/17/20
	Shift 3	01/23/20	12/03/20	12/17/20	12/03/20	12/03/20	12/03/20	12/03/20	01/23/20	04/23/20	08/27/20	12/17/20
<u>Detox</u> Cassie Sheneman	Shift 1	03/17/20	01/06/20	02/24/20	01/06/20	01/06/20	02/24/20	01/06/20	01/06/20	04/15/20	07/02/20	10/02/20
	Shift 2	03/03/20	02/14/20	02/14/20	02/14/20	02/14/20	02/14/20	02/14/20	02/14/20	05/14/20	08/07/20	11/13/20
<u>Front Lobby</u> Jennifer Paschal	One Shift	02/10/20	02/10/20	02/10/20	02/18/20	02/10/20	02/10/20	02/10/20	02/10/20	04/06/20	07/14/20	10/01/20
<u>Admin/OP</u> Jasmine Herbert	One Shift	04/20/20	04/20/20	06/29/20	04/20/20	02/06/20	06/29/20	04/20/20	01/27/20	04/20/20	09/14/20	11/30/20
<u>Medical</u> Sara Kim	One Shift	08/11/20	12/21/20	08/26/20	06/09/20	08/11/20	08/11/20	08/11/20	03/06/20	06/09/20	08/11/20	12/21/20
<u>Annex</u> Teresa Moore	One Shift	02/10/20	03/10/20	06/16/20	09/14/20	08/04/20	11/09/20	11/09/20	01/23/20	06/16/20	09/14/20	12/03/20
<u>Lexington St.</u> Jessica Chokov	One Shift	03/02/20	12/28/20	07/23/20	12/28/20	02/26/20	08/11/20	03/02/20	03/02/20	06/22/20	08/18/20	12/28/20
<u>BRC</u> Steve Bauer	Shift 1	04/11/20	03/13/20	07/15/20	05/02/20	06/14/20	08/29/20	02/01/20	02/01/20	04/11/20	07/15/20	10/12/20
	Shift 2	04/30/20	03/19/20	07/25/20	05/01/20	06/14/20	08/31/20	02/07/20	02/07/20	04/30/20	07/25/20	10/09/20
	Shift 3	04/30/20	03/31/20	07/31/20	05/31/20	06/30/20	08/29/20	02/06/20	02/06/20	04/30/20	07/31/20	10/13/20
<u>GRC</u> Steve Bauer	Shift 1	04/02/20	03/31/20	07/07/20	05/11/20	06/05/20	08/20/20	02/03/20	02/03/20	04/02/20	07/07/20	10/04/20
	Shift 2	04/01/20	03/31/20	07/03/20	05/01/20	06/05/20	08/29/20	02/27/20	02/27/20	04/01/20	07/03/20	10/27/20
	Shift 3	04/02/20	03/30/20	07/06/20	05/03/20	06/07/20	08/31/20	02/17/20	02/17/20	04/02/20	07/06/20	10/05/20
<u>Alumni/IV/FH</u> Terry Brennan	Shift 1	03/04/20	02/05/20	05/06/20	04/04/20	05/06/20	02/05/20	02/05/20	02/05/20	04/08/20	07/15/20	10/19/20
	Shift 2	03/11/20	02/19/20	05/20/20	01/29/20	02/06/20	02/19/20	02/12/20	02/12/20	04/11/20	07/22/20	10/22/20

ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

Environmental Safety Inspections – 2020 - Summary/Overview

<u>Facility</u>	<u>Shift</u>	<u>Qtr 1</u>	<u>Qtr 2</u>	<u>Qtr 3</u>	<u>Qtr 4</u>
<u>Stockton</u> Charletta Brown	Shift 1	04/01/20	04/22/20	09/02/20	12/15/20
	Shift 2	02/20/20	04/23/20	08/27/20	12/19/20
	Shift 3	03/26/20	04/22/20	07/15/20	12/19/20
<u>Detox</u> Cassie Sheneman	Shift 1	03/16/20	04/15/20	07/02/20	10/02/20
	Shift 2	01/06/20	05/14/20	08/06/20	11/13/20
<u>Annex</u> Teresa Moore	One Shift	01/21/20	06/16/20	09/14/20	12/08/20
<u>Admin.</u> Noel Orona	One Shift	01/08/20	06/09/20	08/11/20	11/22/20
<u>Lexington</u> Jessica Chokov	One Shift	03/02/20	06/22/20	09/09/20	12/28/20

<u>Facility</u>	<u>Shift</u>	<u>Qtr 1</u>	<u>Qtr 2</u>	<u>Qtr 3</u>	<u>Qtr 4</u>
<u>BRC</u> Steve Bauer	Shift 1	09/21/20	04/03/20	08/01/20	10/12/20
	Shift 2	02/07/20	04/30/20	08/31/20	10/09/20
	Shift 3	02/06/20	04/30/20	08/04/20	10/13/20
<u>GRC</u> Steve Bauer	Shift 1	02/03/20	04/02/20	07/07/20	10/04/20
	Shift 2	02/27/20	04/01/20	07/03/20	10/29/20
	Shift 3	02/17/20	04/02/20	07/06/20	10/05/20
<u>Alumni/IV/FH</u> Terry Brennan	Shift 1	01/15/20	04/08/20	07/15/20	10/19/20
	Shift 2	02/05/20	05/20/20	07/22/20	10/22/20

ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

Relias Training Compliance - FY 2021

Green = Above 100%

Red = Below 75%

Total Completion % = (Courses Completed On Time + Courses Completed Late) / (Courses Assigned)

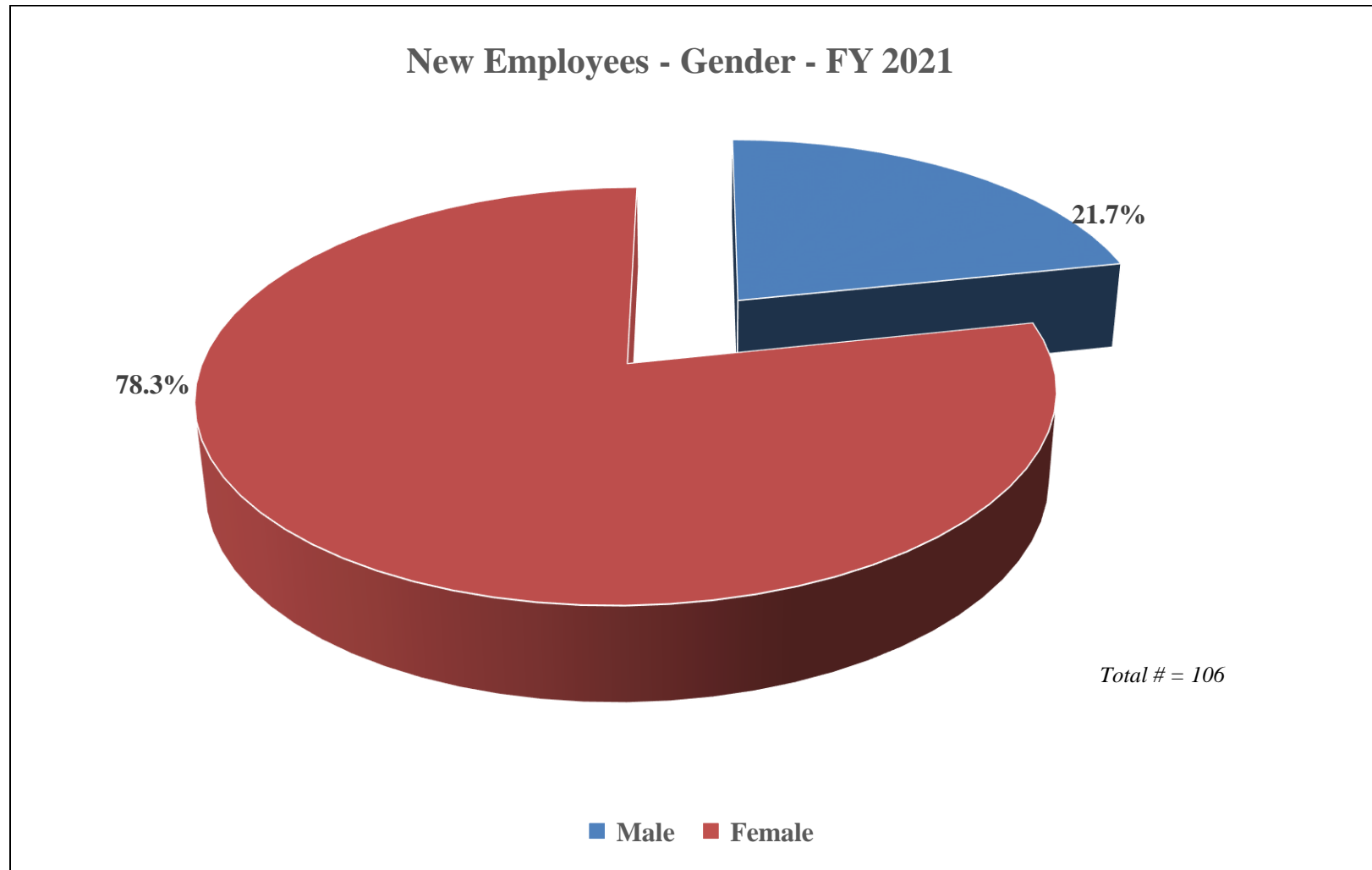
Total Compliance % = (Courses Completed On Time) / (Courses Assigned)

Courses Assigned	Courses Completed On Time	Courses Completed Late	Courses Not Complete Overdue	Total Completion Percentage	Total Compliance Percentage
4,138	3,306 (79.9%)	805 (19.5%)	27 (0.6%)	99.35%	79.89%

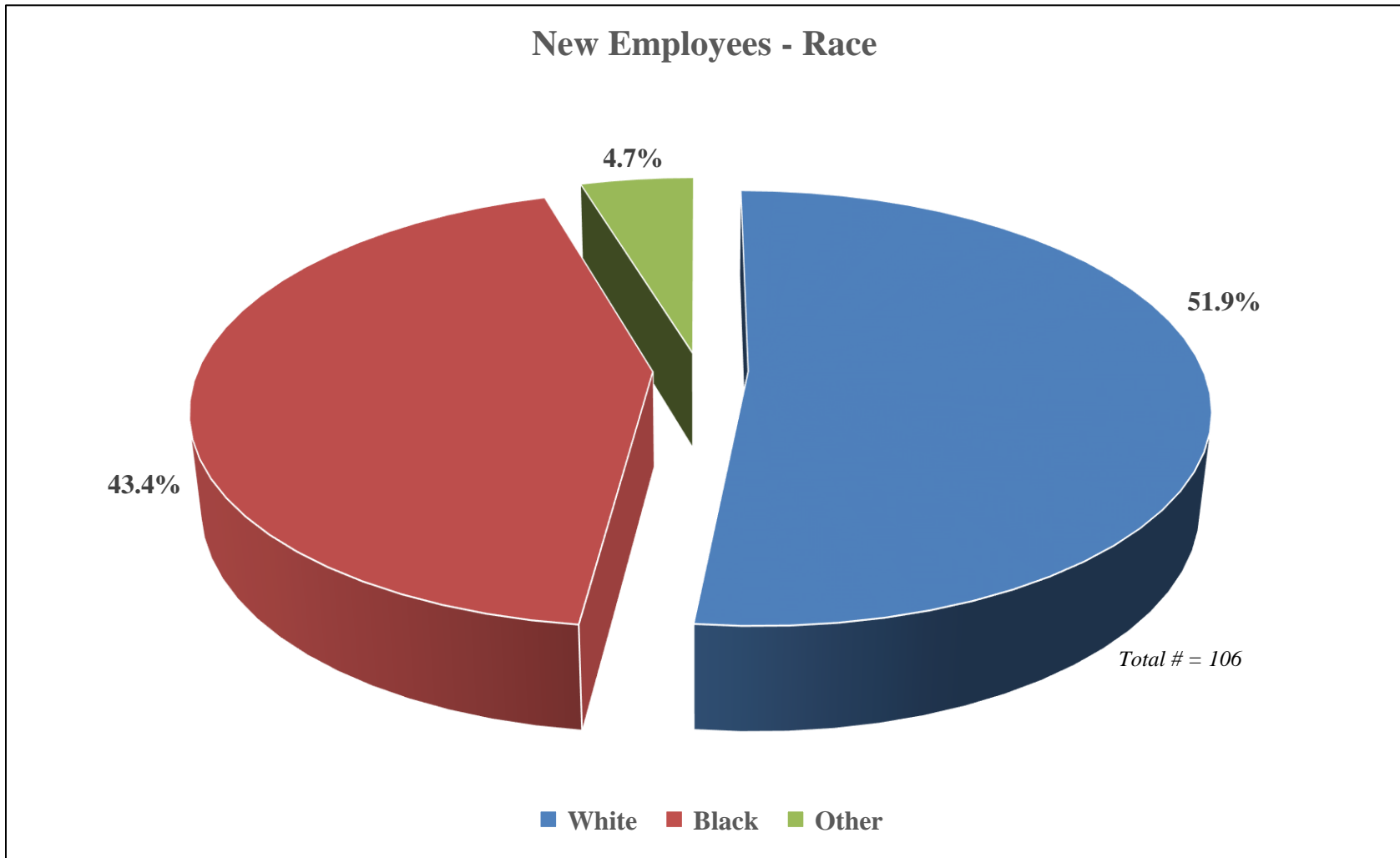
FY 2021 Turnover Cost Report

<u>Month/Year</u>	<u>Amount</u>
Jul-20	\$4,563.00
Aug-20	\$6,303.92
Sep-20	\$6,572.58
Oct-20	\$10,055.50
Nov-20	\$4,388.58
Dec-20	\$6,659.25
Jan-21	\$6,421.83
Feb-21	\$2,593.50
Mar-21	\$3,492.67
Apr-21	\$5,141.50
May-21	\$5,703.03
Jun-21	\$13,456.96
Total	\$75,352.31

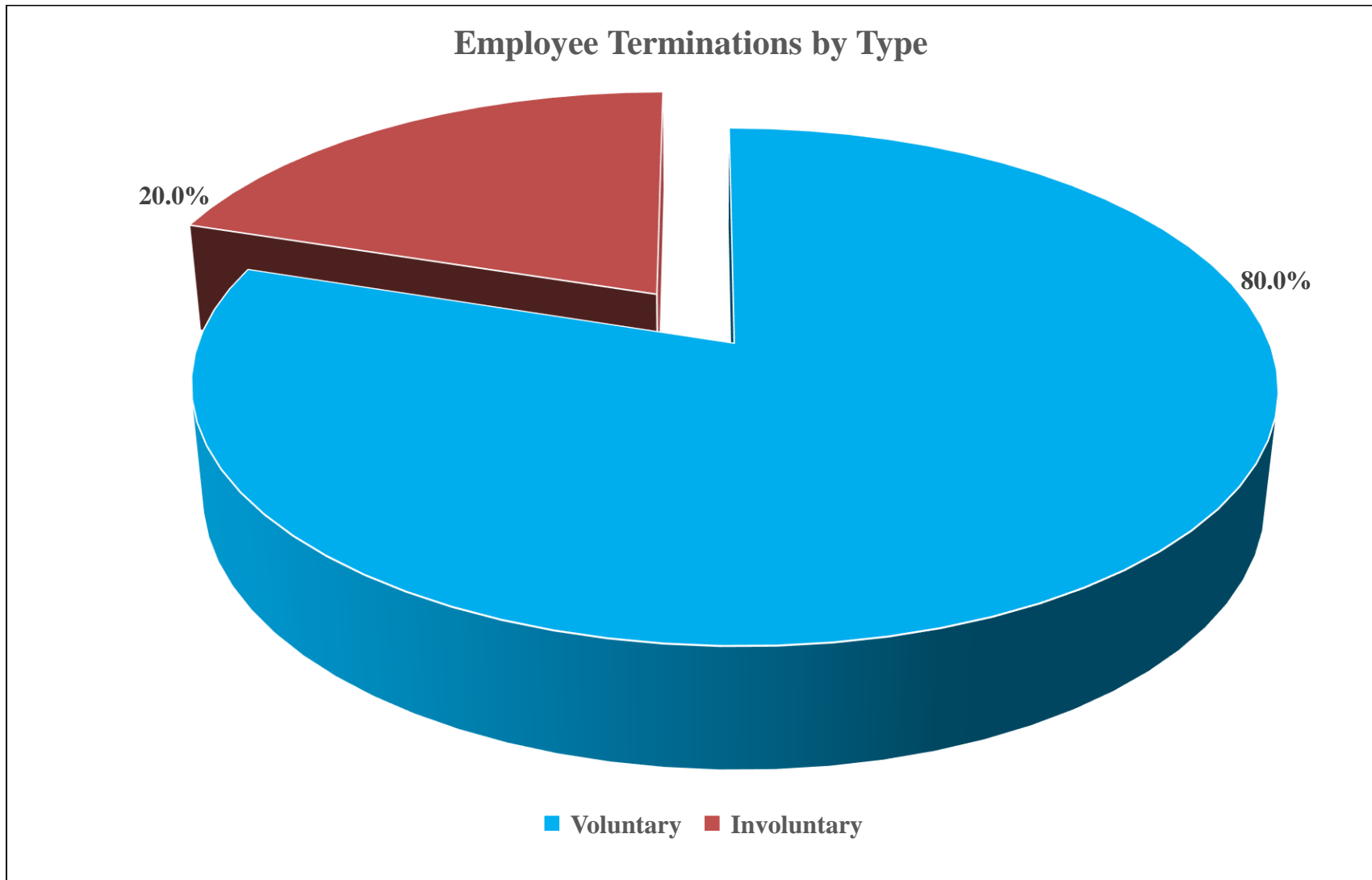
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



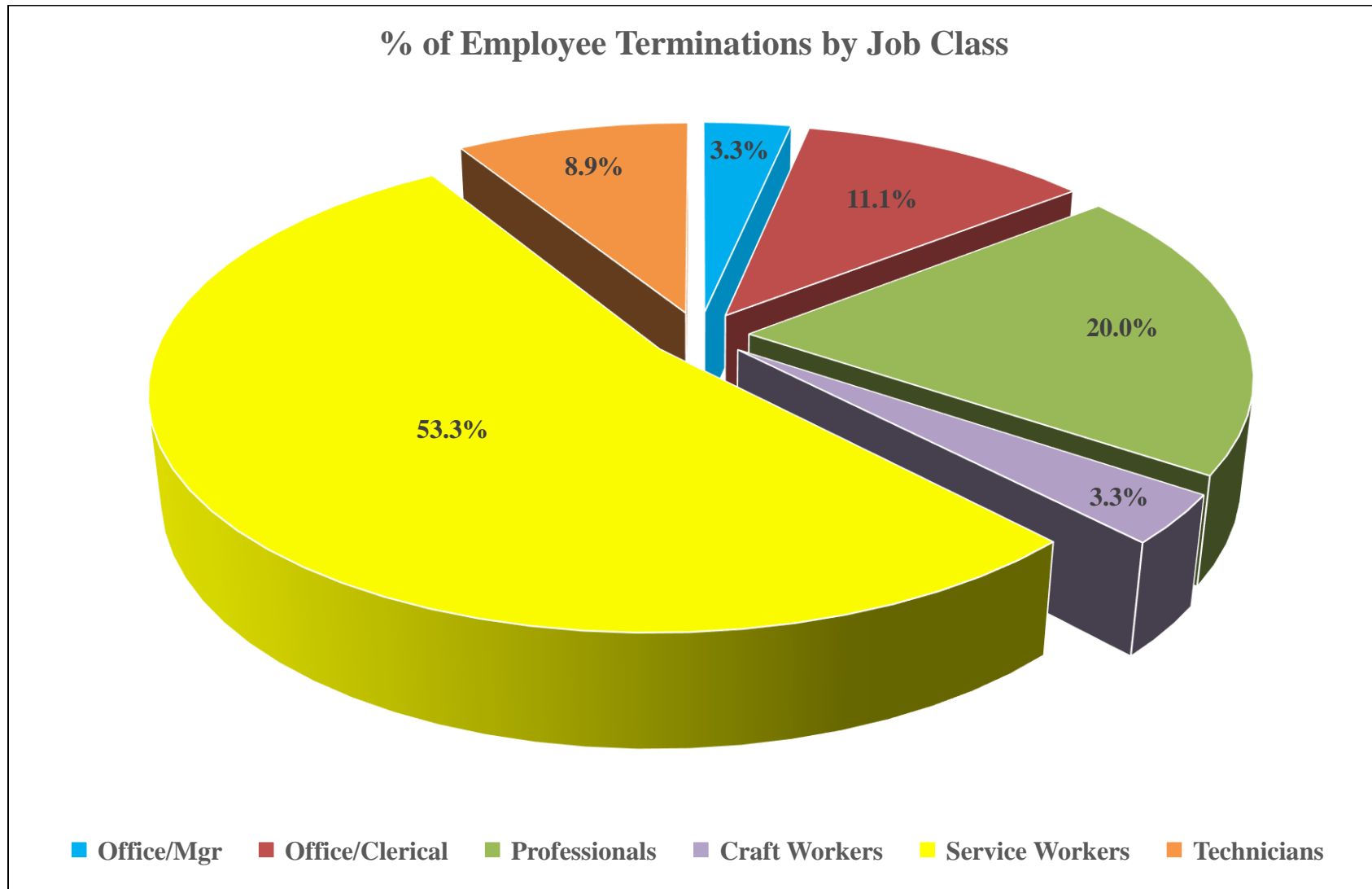
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021



ANALYSIS OF INCIDENT REPORTS

Types of Incidents Occurring Most Frequently:

1. Slips/Falls: 25 in fiscal year 2021. The number of slip/fall incidents has been stable since FY 2017 except for FY 2019 when they spiked at 37. 11 slips/falls occurred in adult residential (44%) and 8 occurred in Detox (32%), which accounts for 76% of these events. However, this is an expected outcome. Gateway's Director of Safety Compliance & the Quality Improvement Council (QIC) are monitoring incidents documenting slips/falls closely. Trends being followed include, but are not limited to clustering (dates), causes, programs, and locations.
2. Medication Errors: 20 in fiscal year 2021. The number of medication errors were expected to decline in FY 2021 due to fewer patients being served because the Covid-19 pandemic. Instead, a 43% increase was documented over FY 2020 (14). 11 of these events occurred in BRC and GRC where SATs monitor/ observe patient self-medication. 63.6% of the adolescent medication errors occurred in the last two quarters of the fiscal year. Specialized training was developed and implemented to address this issue. Six medication errors occurred in Detox with half occurring in the first half of the fiscal year and three occurring in the last half of the year. These events are believed to be attributable to the hiring and training of new personnel in Detox and are expected to improve as the Detox nursing team stabilizes.
3. Aggression/Fighting: 19 in fiscal year 2021. These incident reports have been declining since 2019 when they peaked at 32. (2020 = 21). 31.6% of these incidents occurred in Gateway's adolescent residential treatment programs, 42.1% occurred in Detox, and 26.3% occurred in adult residential treatment. 67.4% were reported in the 3rd and 4th quarters of the fiscal year.
4. Medical Issues: 18 in fiscal year 2021. Efforts made to reduce these incidents have been successful, as they have been trending downward since FY 2018 when they peaked at 52. (2019 = 51; 2020 = 21) 31.6% of these incidents occurred in Detox and 26.3% occurred in adult residential.
5. Baker Acts: 17 in fiscal year 2021. There were zero Baker Acts reported in FY 2017 and FY 2018. Nine were reported in FY 2019 and 20 in FY 2020. 23.5% occurred in BRC and GRC, 23.5% occurred in adult residential, and 17.6% occurred in Adult Outpatient. The remaining 35.3% were fairly equally spread between Detox (1), Alumni House (2), Care Coordination (1), Hope for the Future (1), and Supported Housing (1).
6. Patient Deaths: 17 in fiscal year 2021. There were zero Deaths reported in FY 2017 and FY 2018. Since those years, patient deaths have increase each year following the trend of the opioid epidemic. (2019 = 8 and 2020 = 16.) Mortality reviews completed following patient deaths are working to improve Gateway's services.

ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

Classification:

Almost two thirds of incidents were contributable to patient behaviors (63.7%) and another fifth were patient health issues (20.6%). Gateway personnel were responsible for 8.6% of incidents, and the remaining 7.1% were from other causes.

Causes:

63.8% of incidents in FY 2021 were attributable to patient behaviors. (Elopement, aggression, overdose, threats, property destruction, etc.) 16.7% were patient health issues. (Seizures, illness, injuries, etc.) 12.4% of incident reports were caused by personnel (vehicular accidents, confidentiality breaches, medication errors, etc.) The remainder (7.1%) were attributable to other causes that were not correlated to patients or personnel. (Unknown, trespass, etc.)

Trends:

There were a total of 282 incident reports during FY 2021. The annual average number of incident reports since FY 2017 is 320 and the trend is downward for the total number of incidents since FY 2019 (376). (FY 2017 = 298; FY 2018 = 289; FY 2020 = 355) This outcome meets the established target of averaging less than one incident report daily for all programs/service units (365/year). Incident reporting has improved significantly over the past few years due to systemic refinements and staff training.

The programs reporting the highest volume of incident reports since FY 2017 are Detox and the adult and adolescent residential treatment programs, accounting for 73.3% of all reports. This is unchanged from prior years and as expected since the patients are residing on campus. (Detox = 22.1%; Adult Residential = 29.9%; and Adolescent Residential = 21.3%) The volume of incidents occurring in Detox was significantly reduced in FY 2021. (FY 2017 = 69; FY 2018 = 66; FY 2019 = 112; FY 2020 = 63; FY 2021 = 48) Incidents reported by Gateway's adolescent residential programs (GRC and BRC) have remained fairly stable. Most of the adolescent residential incident reports continue to be patients absconding. (FY 2017 = 72.9%; FY 2018 = 68.8%; FY 2019 = 68.1%; FY 2020 = 60.6%; FY 2021 = 44.44%) Incident reports for adult residential are trending downward since FY 2019. (FY 2017 = 65; FY 2018 = 289; FY 2019 = 376; FY 2020 = 355; FY 2021 = 78)

Areas Showing Significant Improvement:

The total number of incidents are trending downward since FY 2019 when incidents peaked at 376 and then returned to totals consistent with FY 2017 and FY 2018. (FY 2017 = 298; FY 2018 = 289; FY 2019 = 376; FY 2020 = 355; FY 2021 = 282) AWOLs have been significantly reduced, steadily dropping each year from FY 2017 (114) to FY 2021 (34), which is a reduction of 47.37%. It is important to note that adolescent residential treatment services (BRC and GRC) are required to report both AMAs and AWOLs, while adult residential treatment services only report AWOLs.

Medical issues dropped to 18 in FY 2020, which is a reduction of 70.2%. Suicide threats and attempts have declined each year since FY2017 (23) to five in FY 2020. Injuries (other than slips/falls) dropped from 26 in FY 2020 to 11 in FY 2021 and seizures declined from 18 in FY 2020 to three in FY 2021. Only one vehicular accident was reported in FY 2021 compared to seven in FY 2020.

ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

Areas Needing Improvement:

Patient deaths increased due to the opioid epidemic. There have been 41 patient deaths over the past three fiscal years, averaging over one per month and have been gradually increasing. (FY 2017 and FY 2018 = 0; FY 2019 = 8; FY 2020 = 16; FY 2021 = 17) Threats to persons have also increased. (FY 2017, FY 2018, and FY 2019 = 0; FY 2020 = 4; FY 2021 = 13)

Actions Taken to Address Needed Improvements:

Autopsy reports are obtained and mortality reviews are conducted by Gateway's CMO with all personnel who were directly involved in treating the patient. These reviews examine the decedent's assessment, treatment services, etc. and seeks to answer questions such as: What services were provided? What services were not provided that should have been provided? What was the patient's response to the services provided? What can Gateway do better? etc. Gateway has also established a trauma services team, a suicide prevention/response team, implemented suicide and overdose prevention systems including staff training and the use of suicide screening instruments, reinforced safety planning with patients, increased the provision of Narcan, Narcan training and the use of medication assisted treatment, and increased peer services.

Security personnel are now present at the Stockton campus for most days and hours, since this is the location where the majority of threats were experienced. Staff have received additional training in addressing threats and have completed active shooter training. Gateway has also revised and implemented broader policies and procedures addressing violence and threats of violence.

Results of Corrective Actions:

Changes implemented over the course of the report period appear to be having a positive effect in reducing patient deaths and threats. This improvement can primarily be seen through the Project Save Lives (PSL) program, which links persons who overdose with a peer and SUD services, including medications, in multiple hospital emergency rooms. There have been very few repeated overdoses in spite of PSL patients having a history of multiple overdoses.

Education and Training of Personnel:

Training of personnel is ongoing and updates are completed annually. Training includes but is not limited to, incident reporting, disaster preparedness, prevention of violence, Narcan education, CPR, First Aid, Addressing Trauma, Involuntary Commitments for Treatment (Baker Act), Suicide Prevention, Dialectical Behavioral Therapy (DBT) etc. Trainings meet state, accreditation, and contractual requirements.

Prevention of Recurrence:

Gateway's Director of Safety Compliance, VP of Training and Quality Improvement/CCO, and the organization's Continuous Quality Improvement Council (QIC) review all incident reports. This activity coupled with Gateway's policies, procedures, and training primarily focus on the prevention of incidents and their reoccurrence.

ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2021

Internal Reporting Requirements:

All incidents are routinely auto-reported by Gateway's EHR (Avatar) to the executive and leadership teams. The VP of Training and QI/CCO reviews every incident report. Gateway's Director of Safety Compliance also reviews each incident report. Incident reports are not closed until all elements/items have been satisfactorily reported and resolved. This system is scheduled to transition from Avatar to the new EHR (SmartCare) by the end of August 2021.

External Reporting Requirements:

Stare (DCF), Managing Entity (LSF) and CARF reporting requirements are maintained to conform to statutory and regulatory requirements and accreditation standards. Gateway's VP of Training and QI/CCO ensures conformance, and reports data and outcomes to the organization's QIC and executive team.

ANALYSIS OF PATIENT COMPLAINTS

Trends

The volume of patient complaints are trending downward. (FY 2019 = 317; FY 2020 = 303; FY 2021 = 218) Focus groups were not conducted in FY 2021 due to the Covid pandemic. Patients previously reported their perception of Gateway's complaint system as being responsive, effective and beneficial, during focus groups conducted in FY 2020.

Adult residential patients submitted the largest number of complaints in FY 2021 (51.8%) but the number of complaints submitted by residential patients has remained fairly stable. (FY 2019 = 111; FY 2020 = 103; FY 2021 = 113) Residential patients have been responsible for the submission of 39.0% of all complaints over the past three fiscal years. (327)

Complaints submitted by Detox patients are trending downward, (FY 2019 = 89; FY 2020 = 72; FY 2021 = 31) but comprise almost a quarter (22.9%) of all complaints submitted over the past three fiscal years.

Complaints submitted by adolescent patients (BRC and GRC) declined significantly in FY 2021, (FY 2019 = 76; FY 2020 = 89; FY 2021 = 42) but account for almost another quarter of all patient complaints received over the past three fiscal years (24.7%)

Complaints submitted by all other Gateway programs combined are trending downward. (FY 2019 = 41; FY 2020 = 39; FY 2021 = 32) and account for only 13.4% of all complaints submitted over the course of the past three fiscal years.

57.8% of patient complaints in FY 2021 were about employees, while 22.9% of patient complaints were about other patients. (Combined total = 80.7%.) 14.2% of complaints received in FY 2021 were about rules, policies and procedures, or operational practices. The remaining 5% of complaints were about food, medications, thefts, etc.

39.9% of founded complaints in FY 2021 resulted in patients being counseled and, on occasion, discharged and 24.3% of founded complaints resulted in employees being counseled. 11.5% of founded complaints resulted in staff training and 8.26% of founded complaints resulted in employees being disciplined or terminated.

There are no records of praise reports prior to July 2020. Praise reports were submitted prior to that date but were rare. The increase in the number of praise reports submitted by patients is

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considered the key indicator of progress made with Gateway's system for filing patient complaints. 215 praise reports were filed in FY 2021. Residential patients filed 54% of praise reports and 25.6% were filed by Detox patients. (79.6% total) 6% were filed by adolescents and 14.4% were filed by patients in other programs. 89.3% of praise reports were about one or more Gateway employees.

Areas Needing Performance Improvement:

Most founded complaints received about employees were about RSS and SAT personnel. While response time has improved, it continues to need to improve. It is believed that the failure of the system to be appropriately responsive in a timely manner in FY2017 and FY2018 adversely affected submission of patient complaints. Systemic issues frequently resulted in some patient complaints not being addressed and closed in a timely manner. Several improvements to the system were implemented but did not resolve this issue.

Actions Taken to Improve Performance:

Gateway significantly increased salaries for SAT and RSS positions while increasing minimal position education and certification requirements. Increased and improved supervision is also being provided.

A system utilizing strategically placed kiosks at seven Gateway locations was implemented in July 2020. The kiosks allow for electronic submission of praise reports and patient complaints. An email address was also added for the submission of praise reports, suggestions and complaints (complaints@gatewaycommunity.com) and a telephone extension was created to allow voicemail praise reports, suggestions and complaints to be filed. Future analysis will continue to report on improvements achieved. Praise reports are not tracked but the significant increase in the volume of praise reports is important to note.

Implementation of the Actions:

Significant wage adjustments were made for the SAT and RSS positions and certification requirements were implemented.

Response to complaints initially deteriorated in FY 2021. (FY 2017 = 11.7 days; FY 2018 = 11.2 days; FY 2019 = 4.5 days; FY 2020 = 4.4 days; FY 2021 = 15.9 days) Gateway's VP of Training and QI/CCO continues to disseminate and track patient complaints daily. All completed patient complaints have been made available to all members of Gateway's Internal Review Committee (IRC) via a shared file.

Whether the Actions Taken Accomplished the Intended Results:

Efforts continue to hire SAT and RSS employees with education beyond a high school diploma. Attempts to have SAT and RSS staff obtain certification have not been successful to date.

Response time for patient complaints over the first six months following the implementation of the kiosks averaged 22.6 days. This improved to an average of 10.8 days the second six months of the fiscal year. "Lost" complaints that plagued the paper system have been eliminated.

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EMPLOYEE COMPLAINTS / SUGGESTIONS

No complaints were by filed Gateway employees in FY 2021 and only one suggestion was submitted by an employee in April 2021. This suggestion was to provide adult patients in residential treatment with alarm clocks for their bedrooms. Alarm clocks are now available to patients as part of a weekly incentive drawing. In the event a patient receiving adult residential treatment services requests an alarm clock, a clock is signed out to them.

EMPLOYEE TRAINING

Netsmart Training University was replaced by Relias Learning in July 2020. At that time, due to the Covid-19 pandemic, most Gateway employees were deficient in completing required trainings. A Training Coordinator was hired and training plans and hierarchies were created. As of June 30th, 2021, 4,111 training courses had been completed by Gateway employees. 79.9% of trainings were completed on time and 19.5% were completed late, with an overall completion rate of 99.35%. Only 0.6% of assigned courses (27) were not complete by the end of the fiscal year. The Training Coordinator resigned her position with the organization near the end of the fiscal year and Gateway's Human Resources Department reassumed responsibility for managing employee training.

OVERALL PERFORMANCE ANALYSIS

The greatest extenuating, influencing, and causative factor affecting both operations and services over the course of FY 2021 was the Covid-19 pandemic, which adversely impacted all services and operations. Reductions in capacity in detox, residential treatment and supportive housing, due to the shift to single room occupancy, significantly reduced the number of Gateway admissions. Non-residential treatment services were primarily provided by telehealth. Operational expenses increased due to the need for personal protective equipment (PPE) and testing supplies but additional revenues were received to offset these costs, and overall, Gateway experienced a successful year financially. A large number of notebook computers were purchased, as many employees transitioned to working from home. Smart phones were also purchased for use by those patients who would otherwise be unable to access telehealth services. The CEO and CMO maintained continual contact with other organizations and agencies, within the state and nationally, to ensure Gateway's overall response to the pandemic met legal and regulatory requirements and that operations followed best practice protocols and CDC guidelines. Safety precautions implemented were successful, as there were very few incidents of the spread of the virus at the organization in spite of the high-risk environment.

Gateway's "*transformation team*" continued to meet and address the changes required and actions necessary to fully implement a Recovery-Oriented System of Care (ROSC). A ROSC is a coordinated network of community-based services and supports person-centered services. ROSC services build on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those

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with, or at risk of, substance use disorders (SUD). The central focus of a ROSC is to create an infrastructure or “*system of care*” with the resources to effectively address the full range of substance use problems within communities. Substance use disorder (SUD) treatment provides a full continuum of care (*prevention, early intervention, treatment, continuing care and recovery*) in partnership with other disciplines, such as mental health and primary care. A ROSC encompasses a menu of individualized, person-centered, and strength-based services within a self-defined network. By design, a ROSC provides individuals and families with more options to assist them in making informed decisions regarding care. ROSC services are designed to be accessible, welcoming, and easy to navigate. A fundamental value of a ROSC is the involvement of people in their own recovery, their families, and the community and to continually improve access to, and the quality of, services.

A second ROSC assessment was completed by personnel and patients in FY 2021. Results of these surveys have been used to establish a baseline, to prioritize needed operational and service adjustments, and to track improvements. The results of the second survey however, did not evidence progress. The lack of improvement is believed to be directly correlated, but not limited to, changes in operations necessitated by the Covid-19 pandemic. A revised action plan for improvement has been implemented with objectives, assigned responsibilities, and target dates. Progress made with ROSC improvements are reported to Gateway’s executive and leadership teams and Lutheran Services of Florida (LSF), the organization’s managing entity.

Gateway was awarded a Certified Community Behavioral Health Clinic (CCBHC) grant by SAMHSA in early 2021. CCBHC’s provide a comprehensive range of substance use disorder (SUD) and mental health services to vulnerable individuals. CCBHCs must directly provide, or contract with partner organizations to provide, nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices (EBP), care coordination with local primary care and hospital partners, and integration with physical health care. CCBHCs provide a comprehensive array of services necessary to improve access to care, stabilize people in crisis, and provide necessary treatment for those with the most serious, complex substance use and mental health disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and the integration of physical and behavioral health care.

A new service facility was donated to Gateway by the City of Jacksonville, and a director and other team members were hired to staff the CCBHC. An implementation team was formed with Gateway’s CEO and key executive and leadership personnel. A consulting firm was obtained to assist with the required transition of services. A detailed and lengthy attestation document was prepared and submitted to SAMHSA, before the end of the fiscal year, outlining Gateway’s preparedness and plan for implementation of the required comprehensive system of care. Significant changes included, but are not limited to, elimination of the use of interim services (MET groups) prior to admission and reconstruction of the admission process, ensuring same-day access to services. Necessary and identified shifts in staffing patterns and in the assigned use of personnel are also significant. The first few CCBHC patients were admitted prior to the end of FY 2021 even though the new facility will not be licensed and ready for occupancy until August 2021. Service and operational transitions necessitated by the CCBHC will continue throughout FY 2022 and into FY 2023.

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Gateway replaced its electronic health record (EHR), Avatar with SmartCare by Streamline Healthcare Solutions on July 1st, 2021. While it is expected to take several months to resolve initial problems with the new EHR, the aim, based on input from other providers who use SmartCare, is to improve records keeping and billing. Records keeping has significantly improved since the implementation of Avatar, but continued improvements are necessary. Daily error reports (*weekdays/non-holidays*) and resulting staff training have contributed significantly to improvements in patient records and billing for services. The shift to SmartCare is expected to further these improvements, as the new EHR is being developed to ensure that all needs are met and that legal, regulatory and accreditation requirements are satisfied.

Service Effectiveness

It is significant that the overall average percentage of successful treatment completions for Gateway continues to be above target (80.2%) and averaged above target for 10 of the last 12 months, in spite of the Covid-19 pandemic. Successful treatment completion averages for the past three fiscal years were above target for both adolescent and adult services. (Adolescent = 81%; Adult = 77.5%) Adolescent services have been above target (80%) for 8 of the past 12 months and adult services have been above target for 9 of the past 12 months. Successful completion averages for adolescent services were above target for the fiscal year. The only service units with successful completion averages below target for FY 2021 were Adult Intervention (59.8%/70%), Adult Residential (61.9%/70%), and Gateway's Problem-Solving Courts (60.2%/70%). However, Adult Intervention services (66.2%) were less than 4% below target (70%) for the past three fiscal years and Adult Residential averages (68.7%) were less than 2% below target for the past three fiscal years. Detox averaged less than two percent below target for the past three fiscal years. (48.3%/50%)

Satisfaction with Services

Patient satisfaction is above established targets for both adults and adolescents. While adult patient satisfaction (FY 2021 = 94.9%) has trended slightly upward since FY 2015, adolescent patient satisfaction (FY 2021 = 83.2%) is trending downward for the same period. 93.3% of patients contacted following discharge report that the services that they received were helpful in achieving their goals and 95.1% reported that they were continuing to make progress in their recovery. 93.1% reported that they were confident in their ability to remain sober. These outcomes are all above expectations.

Conversely, only 56.5% of patients reported that they were employed or had a stable source of income, when contacted post-discharge and only 57.2% of discharged patients reported that had a sponsor. Just 44.9% of discharged patients reported that they were continuing to attend recovery support group meetings. These three outcomes are below established targets. Gateway will need to revise this measure so that results are obtained by each program or designate and utilize another measure of programmatic efficiency in order to conform to CARF accreditation standards.

Employee satisfaction continues to improve. However, outcomes from the last four annual employee surveys are below the established threshold of 70% overall satisfaction. (FY 2021 = 65.1%) 80.6% of employees reported that they are proud to work for Gateway in FY 2021.

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85.5% reported that they believe that the work that they perform is valuable and 81.5% reported that their strengths, abilities, and skills are being put to the best use. %) Conversely, only 15.3% of employees reported that Gateway's pay and benefits package is fair and competitive in FY 2021.

The key satisfaction indicator that the executive and leadership teams continue to work to improve is communication within the organization. Although this outcome has trended upward since January 2018, it remains significantly below target. (FY 2021 = 39.1%) Changes implemented include revisions to meeting agendas, frequency, and type. Additional meetings have been established and existing meetings reformatted. Meeting minutes have been made available via shared files and enhancements have been made to the monthly Gateway newsletter. Communications to all employees from the CEO have increased, and improvements to the organization's web site and the Gateway Tree (intranet) have been made. Communications provided by Gateway's leadership team continue to improve as a result of these efforts. (FY 2018 = 40.0%; FY 2019 = 49.5%; FY 2020 = 54.2%; FY 2021 = 58.1

Key stakeholder satisfaction significantly decreased in FY 2021 (59.4%), ending the upward trend experienced over the course of the three prior surveys. Only one survey area improved (service accessibility = 47.5%) and nine survey items significantly deteriorated and were significantly below 75%. Overall satisfaction decreased from 82.3% to 60.0% and perceived professionalism dropped from 100% to 65%. Only 75% of respondents reported that they would refer someone to Gateway for services and just 65% reported that they found the organization's employees to be courteous and/or helpful. Reported experience with Gateway's billing, invoice, and/or payment system decreased from 80% in January 2019 to 60% in November 2019 and then to 17.5% in November of 2020. Gateway plans to improve this survey question to provide a better understanding of the responses to this item in future surveys. Although reductions in capacity and changes implemented to effectively respond to the Covid-19 pandemic might explain some of this decline, it is curious that the perception of service accessibility was the only survey item to show any improvement. It would seem that reductions in capacity necessitated by the Covid-19 pandemic would also have adversely impacted this outcome.

Efficiency of Operations - Average Employee Productivity

- FY 2017: 45.4 hours per employee per month
- FY 2018: 72.1 hours per employee per month
- FY 2020: 64.1 hours per employee per month
- FY 2021: 62.6 hours per employee per month

Overall employee productivity continues to be below expectations. Failure to produce and document the expected amount of patient contact in FY 2021 is believed to be directly correlated to the Covid-19 pandemic. Operational and procedural changes that are being implemented with the startup of Gateway's CCBHC is expected to improve this outcome. It should be noted however that this measure is limited in that all employees and programs are not included. Examples include Detox employees and adolescent and adult residential treatment employees. Gateway will need to revise this measure so that results are obtained by each program or designate and utilize another measure of programmatic efficiency in order to conform to CARF accreditation standards.

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Service Access

Admissions for Gateway's accredited adolescent services for fiscal year 2021 (203) were at 84.6% of the annual target (240), while admissions for Gateway's accredited adult services for FY 2021 (4,067) were at 92% of the annual target (4,420). Although admissions were below target, they are above expectations, which were lowered due to the Covid-19 pandemic. The number of quarterly admissions for adolescent services remained stable the last three quarters of the fiscal year. Adult admissions were above target the first half of FY 2021 (1,235) but were below target in the second two quarters, declining to 81.8% of target (904). Admissions for all programs were below target for FY 2021 except for adult intervention services (123.9%) and adult outpatient services (104%).

The percentage of patients transitioning into treatment services from Detox was adversely impacted by the Covid-19 pandemic. Treatment capacity was greatly reduced due to the shift to single-room occupancy throughout Gateway and reduced the opportunity for many Detox patients to enter treatment. Transitions to treatment declined during the first two quarters of the fiscal year (40% and 30.1%) but then improved (35.2% and 39.3%). The trend is downward for Detox patients transitioning to treatment from FY 2017 through FY 2021. Admissions to Detox have increased since FY 2017 and have remained below target (525) since October 2019. The number of patients admitted to Detox was also adversely impacted by the Covid-19 pandemic. An upward trend is noted however for the last three quarters of FY 2021.

Adult Intervention services has exceeded the established admissions target (175 per quarter) since FY 2019, averaging 192.3 patients admitted per quarter. The second quarter of 2021 however was below target, with only 148 admissions. Adult residential treatment services also exceeded target (100 patients admitted quarterly) over the three-year period, averaging 125.2 patients admitted per quarter. Adult residential treatment services admissions for the first and last quarter of FY 2021 exceeded target (119 and 112) but the second and third quarters of FY 2021 were below target (87 and 98). Quarterly admissions to Gateway's Problem-Solving Courts (PSC) and Day-Night treatment services also exceeded their targets for the three-year period. Admissions to PSC were above target (25) the first three quarters of FY 2021 but below target the last quarter of the fiscal year. However, admissions to Day-Night services were far below target (5) in FY 2021.

The combined quarterly admission totals for other Gateway treatment components averaged below their established targets for the three-year period and for FY 2021. The average number of admissions to Gateway's adolescent services did not meet the quarterly admission target (60) for the last three quarters of FY 2021 but have exceeded target (60) for the last three fiscal years = 64.9.

It should be noted that homeless is grossly underreported. This is due to a systemic error as the majority of homeless individuals are assigned an address of 555 Stockton Street in Avatar. Since these individuals have an actual address, the EHR does not report them as homeless. The new EHR (Smartcare) should correct this problem.

Primary Co-Occurring Disorders are underreported in the EHR and there, in this report for both adults and adolescents. Underreporting in Avatar is believed to have been caused due to the outcomes document in Avatar not being updated when a mental health diagnosis was added. Gateway's new EHR, SmartCare, should eliminate this problem as the outcomes document is updated every 90 days or whenever information needs to be added or updated.

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Employee Supervision and Peer/Supervisor Record Reviews

An improved mechanism for totaling supervision hours was implemented for FY 2021. This change allowed for a better analysis of the average number of supervision hours provided to each employee. The average number of hours of supervision provided to each employee varied greatly by program. Adolescent outpatient and adolescent residential services reported the lowest number of hours per employee per month at 0.3 and the following programs all averaged under one hour of supervision provided to each employee monthly: Problem-Solving Courts (0.5); Adult Residential (0.6); FIS (0.7); and RBS/TRH (0.9). Conversely, the STAR grant reported an average of 3.3 hours and the FITT program reported an average of 4.0 hours of supervision provided to each employee monthly.

Peer and Supervisory record reviews, of a sample of both open and closed patient records, were completed monthly in each Gateway program. Adolescent outpatient services averaged reviewing the lowest number of records at 4.3 while Aftercare and the HSS grant averaged 13.3 monthly reviews, adult residential services averaged 17.6 reviews each month, and adult outpatient services averaged 32.2 monthly reviews. Six programs averaged reviewing less than ten records monthly: Adult Outpatient Specialty Services (5.4); Problem-Solving Courts (6.9); STAR (7.2); Adolescent Residential (8.7); and FITT (9.8). Internal record review scores were positive and were consistent with external reviews by DCF, LSF, and CARF, ranging from a low score of 87.4% for Aftercare and the HSS grant to 97.0% for adolescent residential and 97.5% for the FITT program. The review scores of five programs averaged below 95%: Aftercare/HSS (87.4%); Adult Residential services (91.3%); STAR (91.6%); Adult Outpatient Specialty Services (93.8%); and Adolescent Outpatient (94%). Five Gateway programs reported review scores at or above 95%: Problem-Solving Courts (95%); FIS (95%); Adult Outpatient (95.8%); Adolescent Residential (97%); and FITT (97.5%).

Medical peer reviews were completed for and by each Gateway physician. Reviews assessed the appropriateness of each medication including patient needs and preferences, the condition for which the medication was prescribed, dosage, re-evaluation of continued use, and efficacy. Documentation of contraindications, side effects, and/or adverse reactions were also reviewed along with co-pharmacy and polypharmacy. No prescribing errors were identified during the reviews completed over the course of the report period.

Employee Retention, Turnover, and New Hires

106 new Gateway employees were hired in FY 2021. 78.3% of new hires were female (males = 21.7%). 51.9% of new employees were White and 43.4% were Black. (95.3% total).

90 individuals left Gateway employment in FY 2021. 8.1% left in the 1st quarter; 9.3% left in the 2nd quarter; 5.9% left in the 3rd quarter; and 10% left in the 4th quarter. 80% left the organization voluntarily and 20% were terminated. 54.4% of employees who left Gateway were African American and 44.4% were White. 76.7% of those who left the organization during this fiscal year were female and 23.3% were male. The total cost of employee turnover for FY 2021 was established as \$75,352.31 using a nationally accepted standard that utilizes lost productivity, recruitment, and training and accounts for the cost of acclimating the replacement to the new position.

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On 07/01/2020 there were 265 Gateway employees (not positions). On 06/30/2021, 205 of those individuals were still employed by the organization. The employee retention rate for FY 2021 is therefore 77.4%.

Evaluations of Emergency/Disaster Plans (Drills) and Facility Safety Inspections

External inspections of all sites were completed by the fire and health departments and all facilities passed inspection. Additional inspections included all sprinkler systems and the elevator in the administrative and outpatient services facility. Food services passed quarterly health department inspections at the Stockton and Bridier Street campuses and biohazardous waste permits were obtained following successful health department inspections. Renewed business and occupational licenses were obtained for all facilities and annual licenses to provide substance use disorder treatment services were successfully renewed. Audits and surveys completed by CARF, DCF, and LSF were successful. No corrective actions were identified by DCF or LSF during their site visits and CARF issued very few recommendations.

All programs and facilities in 2018, 2019, and 2020 completed evaluations of all emergency/disaster plans and quarterly safety inspections. Emergency plans address: bomb threats; hazardous materials events; hurricanes; tornadoes; medical emergencies; utility failures; workplace violence; and fires. Emergency plans for fires are evaluated quarterly on each shift, in each program, while all other emergency plans are evaluated at least once a year. Areas identified as needing improvement in 2020 included: identification and implementation of a mechanism to account for all occupants of the new administration/outpatient services facility at Gateway's Stockton Street campus; revise the emergency plan for hurricanes; and implement policies and procedures to address the Covid-19 pandemic.

A team was formed to address the revision of Gateway's emergency preparedness for hurricanes and many improvements were made to the plan. Gateway's executive team met daily, beginning in March 2020, to address changes required to effectively respond to the Covid-19 pandemic. These changes in operations included, but are not limited to: implementation of single-room occupancy for Gateway's Detox, residential, and supportive housing programs; testing of all patients and employees; mandated social distancing; mandated facemasks; use of quarantine for new admissions, as indicated and when appropriate; regularly taking and recording temperatures of patients and personnel; transition to telehealth for all non-residential services; cessation of in-home services; the prohibition of visitation and non-personnel and non-patient access to Gateway properties; support groups (AA/NA) provided via Zoom; etc. Implementation of these changes proved to be effective as there were very few events of the virus possibly being spread at Gateway.

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Closing Summation

The documented review and use of the data in this report and other outcome measures by the Board and Executive and Leadership team members is required to conform to CARF accreditation standards. The outcomes reported here must also be shared with Gateway personnel, patients, and other key stakeholders.

Overall, FY 2021 was a successful year for Gateway, in spite of the operational and service changes that were necessary to effectively address the Covid-19 pandemic. The following successes are noteworthy:

- Audits conducted by DCF and LSF and a CARF survey were completed during FY 2021 with positive outcomes. Few recommendations for non-conformance were received from the CARF survey team and no corrective action plans were issued by DCF or LSF.
- Successful program completions have continued to be above target since January 2019.
- Reviews of patient records by professional employees and external auditors demonstrate a high degree of regulatory, accreditation, and policy conformance.
- Overall patient satisfaction with services provided is high.
- The system for submission and tracking of patient complaints and suggestions is greatly improved and the volume of patient praise reports, submitted via this system, has greatly increased.
- Internal and external (DCF - IRAS) incident reporting continues to improve.
- Programmatic elopements (AWOLs) continue to decline.
- Evaluations of disaster plans and internal safety inspections were completed by all programs on all shifts as required by policy and accreditation standards.
- Daily EHR (Avatar) error reports demonstrated that overall records-keeping practices consistently improved.
- The number of patient records missing mandatory HIV education were reduced from the beginning of the fiscal year to almost zero by the end of the year.
- Training compliance is above 99% and has greatly improved with over four thousand course being completed.
- Employee retention is significant at 77.4%.
- The fiscal year was productive financially with a positive cash flow resulting in numerous organizational and programmatic improvements and incentives being provided to employees.

A concerted and documented effort is necessary to address the following challenges identified in this report:

- Adolescent and adult admissions are trending downward (*directly attributable to the pandemic*).
- Adolescent patient satisfaction is trending downward.
- Employee productivity remains below target.
- Employee supervision averages less than an hour a week per employee in most programs.
- The number of open and closed records that are reviewed each month is low in some programs.
- Many patients struggle with obtaining a stable source of income following discharge.

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- Many patients report that they do not continue participation in recovery support groups and/or do not maintain a sponsor following discharge.
- Overall employee (65%) and stakeholder (59.4%) satisfaction is below target.
- Incident reports documenting slips and falls continue to be elevated.