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## **ANNUAL PERFORMANCE MANAGEMENT REPORT**

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**Fiscal Year (FY) 2022: July 1, 2021 through June 30, 2022**



**October 26<sup>th</sup>, 2022**

**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, routinely demonstrate accountability for performance measurement and management in service delivery and business functions. Gateway produces value via service delivery and business practices that are ethical, state of the art, and durable. These efforts are necessary to meet the needs of the communities served by the organization, all stakeholders, sustain programs/services, and support growth. Governance, executive and leadership are engaged in, and support, performance measurement and management activities, utilizing the information produced, to improve the quality of the organization's programs and 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 exceeds requirements established by federal and state regulations, international accreditation standards, and contractual and grant requirements.

Gateway's leadership routinely analyzes 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) with other personnel, and gather input and suggestions from the organization's many stakeholders concerning Gateway's performance management activities and plans. A broad spectrum of mechanisms is used to exchange information with stakeholders, such as meetings, surveys, and focus groups.

Gateway identifies gaps and opportunities in preparation for the development and review of its annual performance measurement and management plan and report that includes consideration of input from the organization's many stakeholders via a variety of established mechanisms. The annual plan documents the characteristics of the persons served, expected results, extenuating and influencing factors that may influence 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) 2022 included, but are not limited to, continued implementation of a new EHR, changes in leadership, continued implementation of the SAMSHA CCBHC grant, continued pandemic-required programmatic, operational, service, and payment adjustments, individuals entering the programs/services with higher co-morbidities and/or co-occurring conditions, housing shortages, and inadequate public transportation serving the largest city (area) in the U.S., and the ongoing opioid epidemic.

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

Total Admissions	Count	Percentage	Duval County
Adults	2640	85.9%	77.4%
Adolescents	837	14.1%	22.6%
Total	3,477	100%	100%

Race	Percentage	Duval County
White	63.5%	50.8%
Black	30.2%	31.1%
Other/Unknown	6.3%	18.1%
Total	100%	100%

Gender	Percentage	Duval County
Male	57.9%	48.7%
Female	42.1%	51.3%
Total	100%	100%

Adults – Marital Status	Percentage
Never Married	63.1%
Divorced	15.0%
Married	10.8%
Separated	6.7%
Widowed	2.2%
Other/Unknown/Unreported	2.2%
Total	100%

Adults – Employment Status	Percentage
Unemployed	47.9%
Employed	20.9%
Student	12.0%
Disabled	6.2%
Homemaker	1.2%
Other (Retired, Leave, Military, Inmate, etc.)	2.8%
Unknown	9.0%
Total	100%

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

Primary Drug of Choice	Percentage
Opiates and Synthetics	36.3%
Alcohol	26.9%
Marijuana/Hashish	18.8%
Crack/Cocaine	11.5%
Methamphetamine/Ice	3.9%
Amphetamines/Stimulants	1.2%
Benzodiazepines	1.3%

Adults – Tobacco Use	Percentage
Tobacco User	46.6%
No Tobacco Use Smoked	24.9%
Unknown	28.5%

Adults – Birth Outcomes at Discharge	Count	Percentage
Live Birth ( <i>No Drug Present in Newborn</i> )	11	20.8%
Live Birth ( <i>Drug Present in Newborn</i> )	18	34.0%
Unknown Birth Outcome	24	45.3%
Total	53	100%

Co-Occurring Mental Health Disorders	Count	Percentage
Depressive Disorder	850	29.1%
Anxiety Disorder	814	27.9%
Post-Traumatic Stress Disorder (PTSD)	359	12.3%
Bipolar Disorder	293	10.0%
Attention-Deficit Hyperactivity Disorder (ADHD)	159	5.5%
Schizophrenia/Schizoaffective Disorder	109	3.7%
Personality Disorder	44	1.5%
Other	288	9.9%
Total	2,916	100%

Adult Admissions – County of Residence	Percentage
Duval	88.70%
Clay	3.71%
Nassau	2.13%
St. Johns	1.18%
Volusia	0.52%
Baker	0.32%
Putnam	0.23%
Other/Unknown	3.22%
Total	100%

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

<b># of Visits by Adolescent Program</b>	<b>Visits</b>
Assessment & JAC	471
Case Management	177
FIS Case Management	106
Intervention	678
Medical Services	159
Outpatient	735
Residential	4,962
<b>TOTAL</b>	<b>7,288</b>

<b>BED DAYS BY PROGRAM</b>	
<b><u>Program</u></b>	<b><u>Bed Days</u></b>
Adolescent Residential	4,915
Adult Detoxification & Stabilization	4,391
Adult MH Residential	186
Adult Residential	18,180
Alumni House	9,507
Alumni House Edgewood	1,440
Fellowship House	1,564
Independence Village	17,248
Room and Board with Supervision (RBS)	4,752
Supported Housing	1,741
Transitional Recovery Housing (TRH)	4,797
<b>TOTAL</b>	<b>68,721</b>

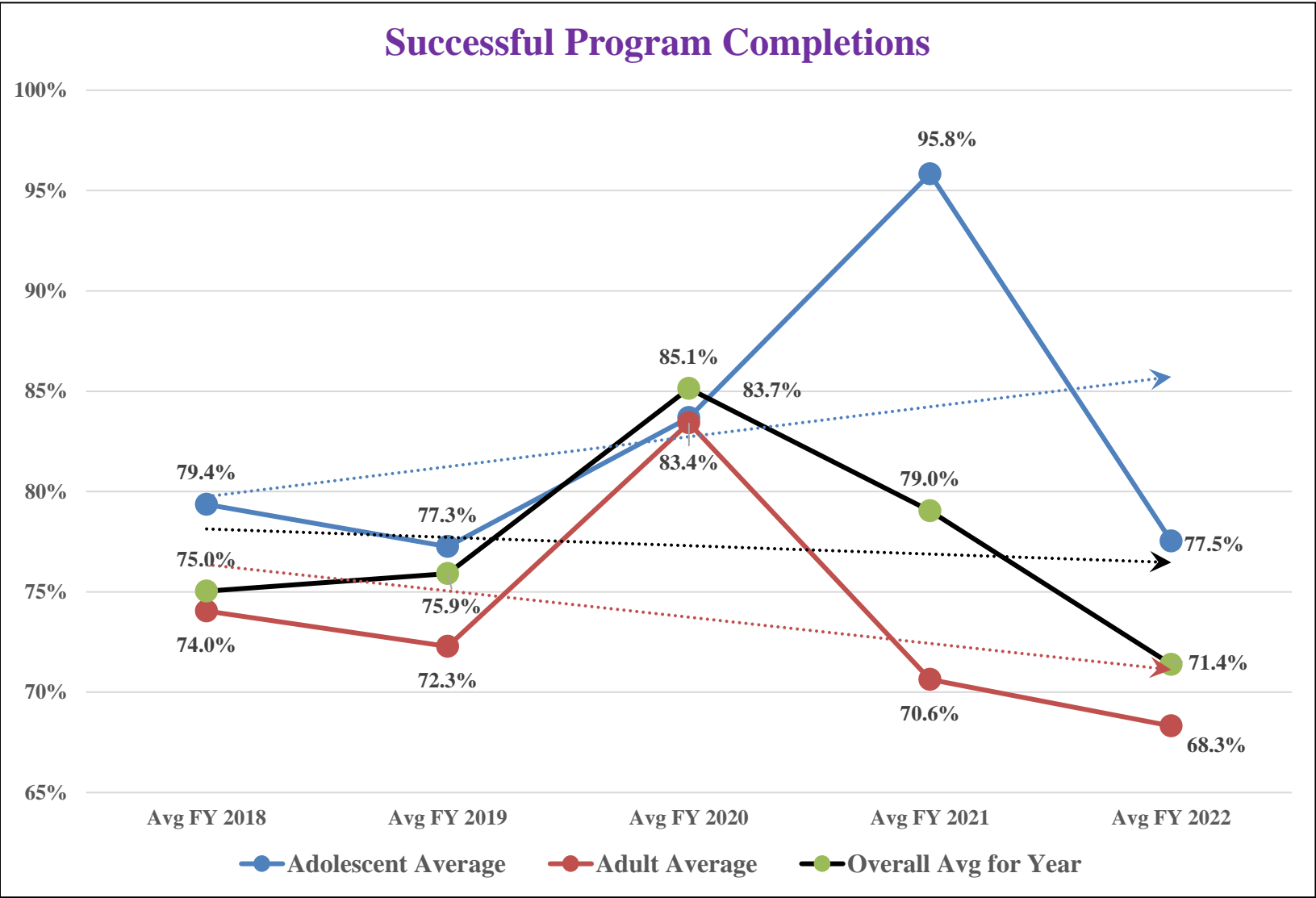
<b># of Visits by Adult Program</b>	<b>Visits</b>
Aftercare	3,917
AH/IV/FH/TRH/Etc. Housing	36,367
Assessment/GW Connect	1,240
Care Coordination	1,535
Case Management	4,238
CCBHC	3,606
CWOT	22
Detoxification & Stabilization	7,590
Drug Screening	134
FIS	1,669
FIT	2,681
Health Promotion	625
Hope for the Future	548
HSS	1,048
Intervention/MET	320
IOP	19
Medical Services	7,410
MH Services	796
Outpatient	7,708
Prevention	11
Problem-Solving Courts (PSC)	6,259
Recovery Connections	77
Residential & MH Residential	18,968
Room and Board w/ Supervision (RBS)	4,753
SOR	1,313
STAR Grant	1,609
<b>TOTAL</b>	<b>114,463</b>

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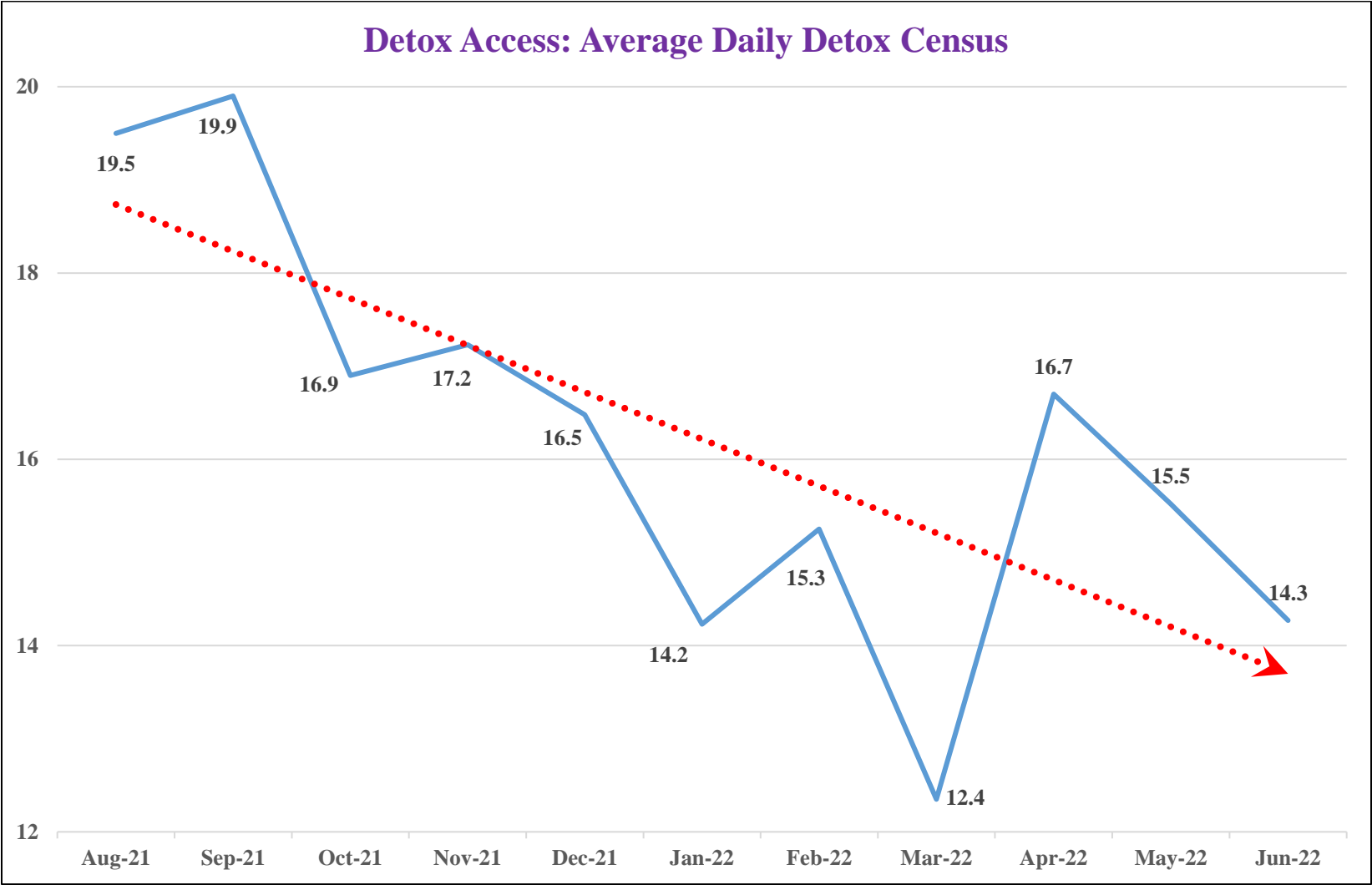
### Annual Successful Completions by Program/Service (*Episode of Care*)

<u>PROGRAM/SERVICE</u>	<u>Avg FY 2018</u>	<u>Avg FY 2019</u>	<u>Avg FY 2020</u>	<u>Avg FY 2021</u>	<u>Avg FY 2022</u>	<u>Overall Avg</u>	<u>Contractual Target</u>
Adolescent Intervention	82.0%	98.9%	95.9%	95.8%	83.7%	91.3%	> 45.6%
Adolescent Outpatient	67.5%	70.8%	94.5%	94.5%	80.2%	81.5%	
Adolescent Residential	95.6%	95.5%	100.0%	97.2%	68.7%	91.4%	
Adult Detox	72.4%	44.0%	44.4%	56.6%	61.1%	55.7%	
Adult Intervention	59.5%	70.2%	68.8%	59.8%	58.1%	63.3%	
Adult IOP	74.4%	92.2%	93.3%	100.0%	100.0%	92.0%	
Adult Outpatient	74.4%	70.3%	90.6%	85.5%	47.0%	73.5%	
Adult Residential	74.6%	65.6%	78.7%	61.9%	60.2%	68.2%	
Problem-Solving Courts	NA	NA	100.0%	60.2%	83.5%	81.2%	
Adolescent Average	79.4%	77.3%	83.7%	95.8%	77.5%	82.7%	
Adult Average	74.0%	72.3%	83.4%	70.6%	68.3%	73.7%	
Overall Avg for Year	75.0%	75.9%	85.1%	79.0%	71.4%	77.6%	

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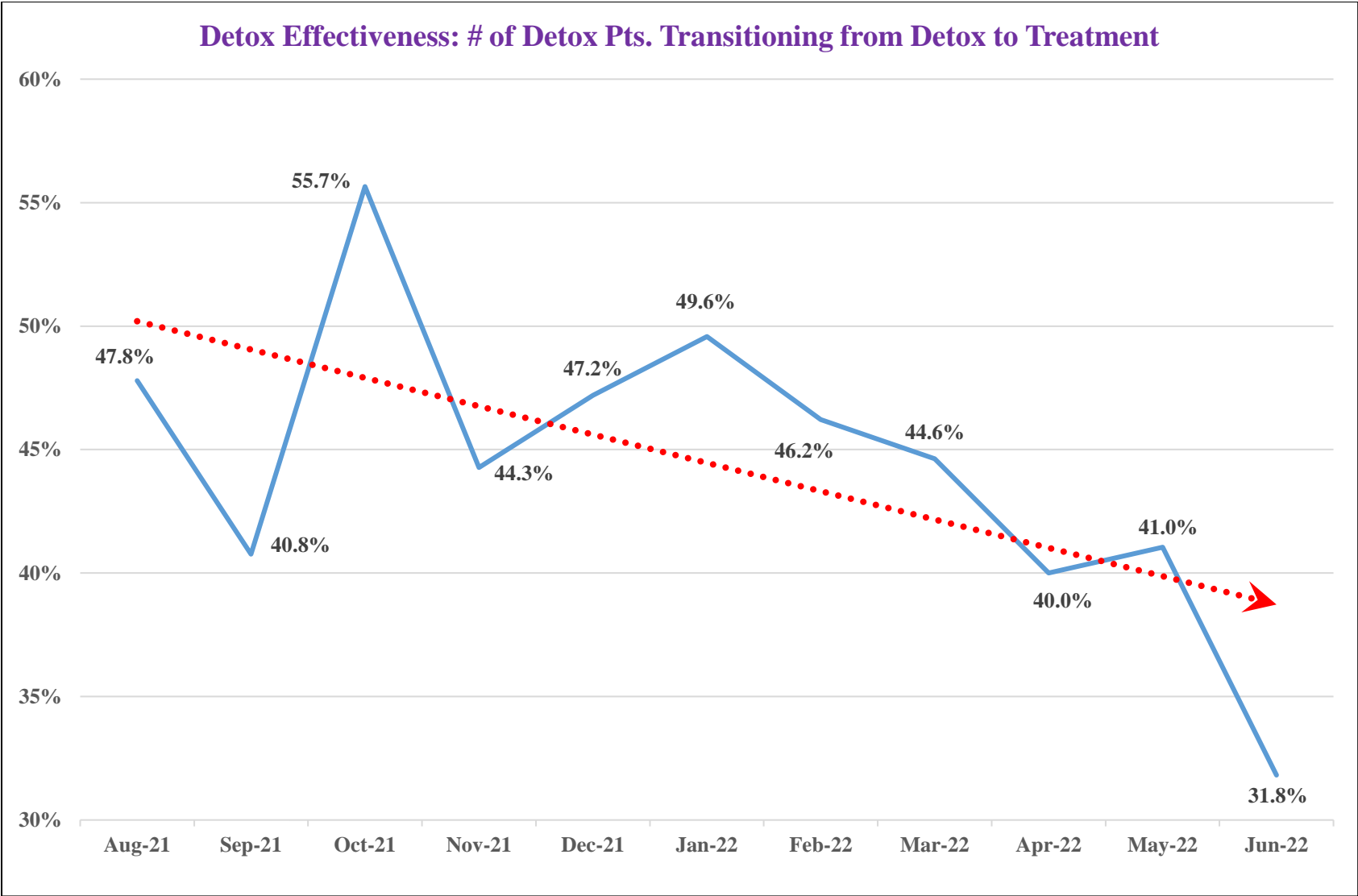


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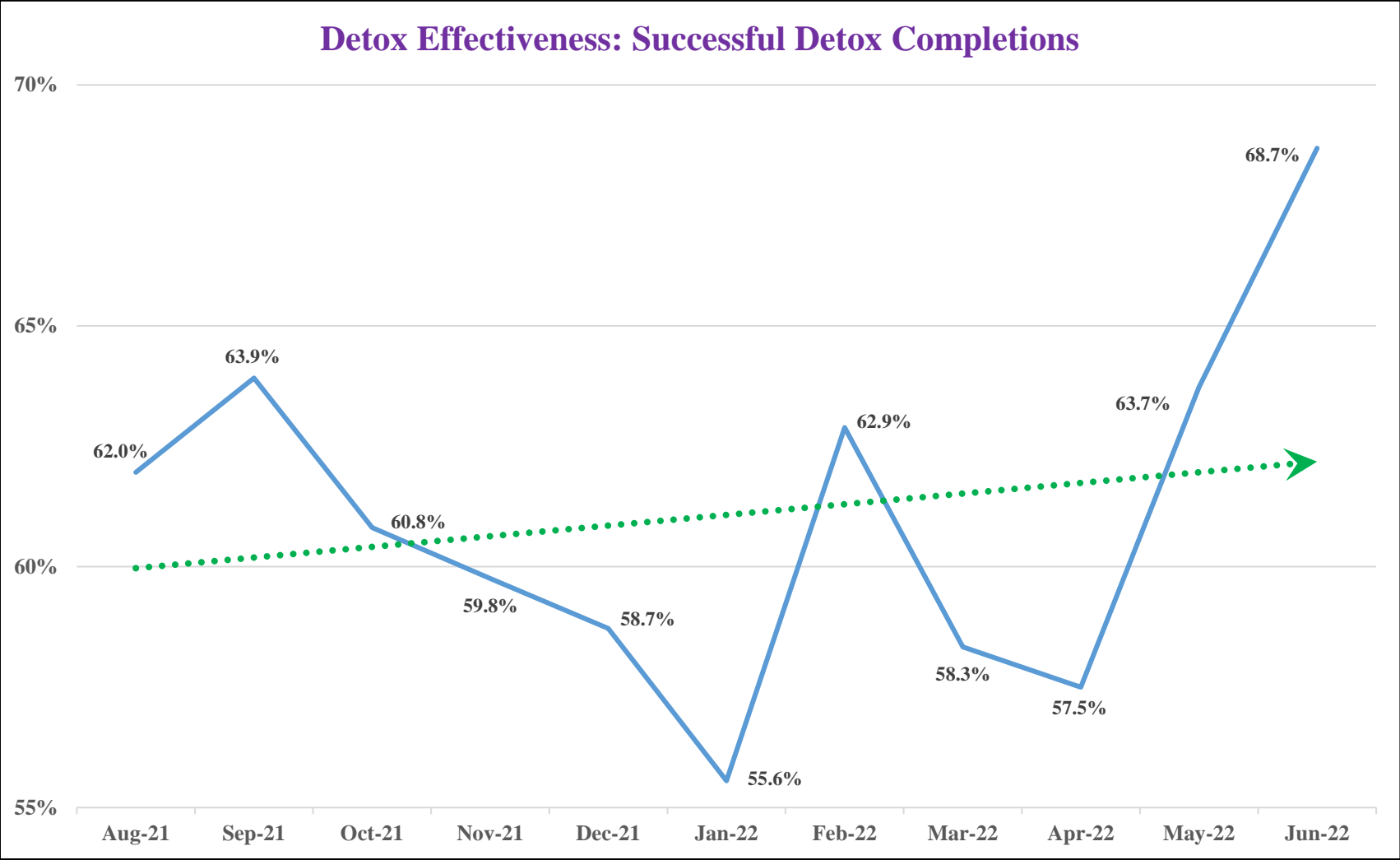




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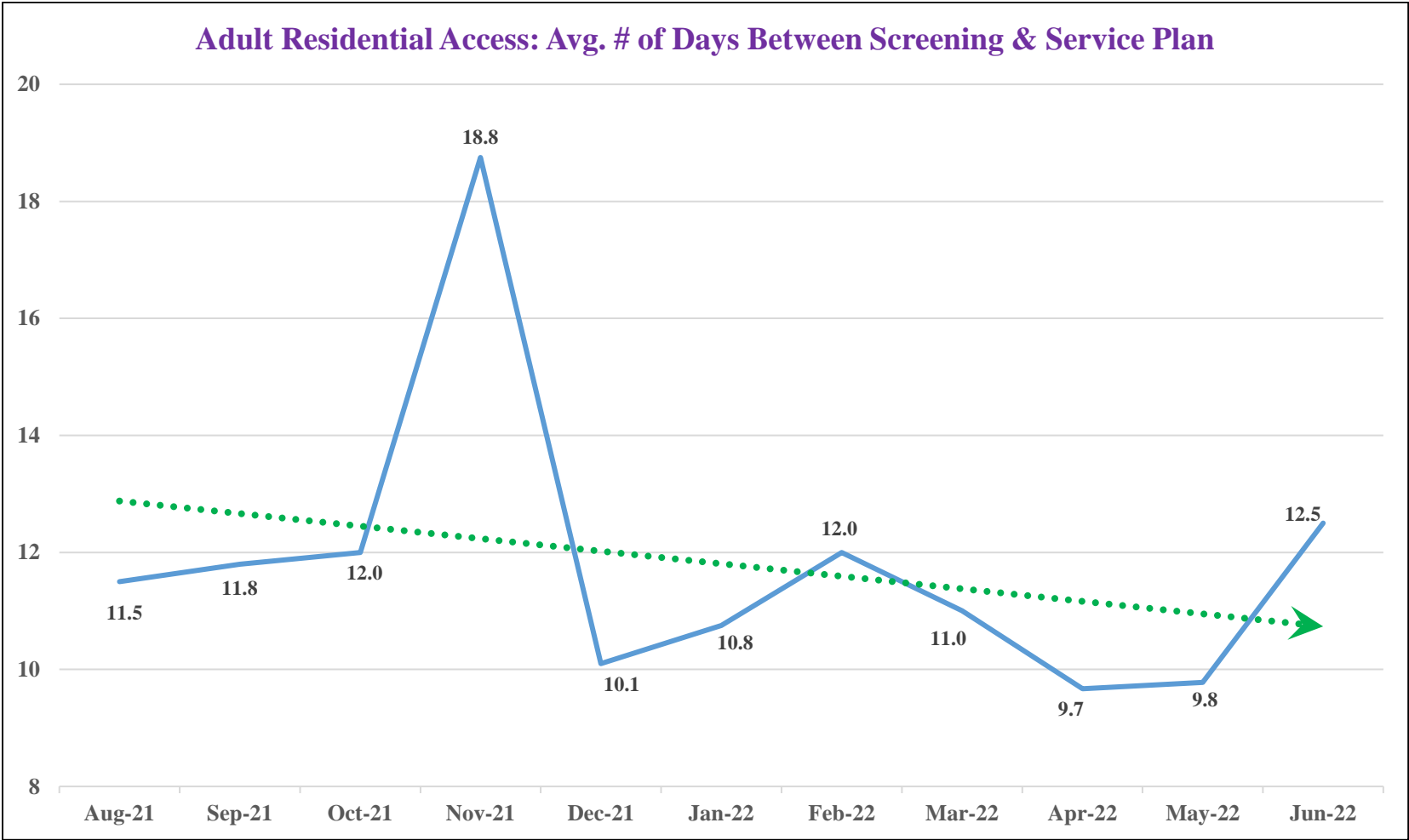


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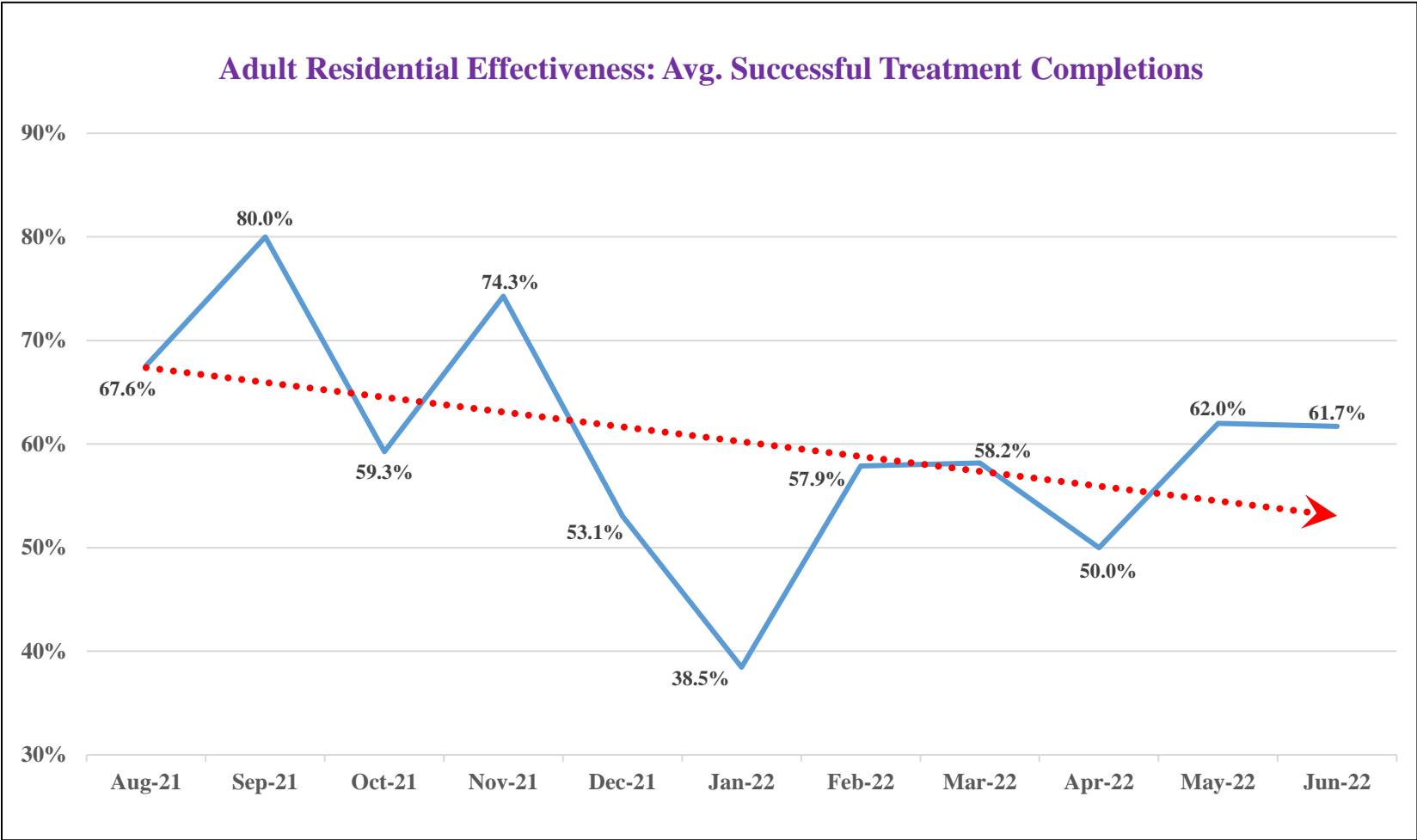
## Detox Patient Satisfaction Survey Results

Questions	3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022
Number of Surveys	NA	38	56	27
Average number of days in Detox...	NA	7.0	5.1	5.3
Food provided by Gateway is nutritious and healthy...	NA	3.0	2.9	3.2
I have been treated with respect while I was in Detox...	NA	3.1	3.3	3.3
Since entering Detox, I have received services that have helped me...	NA	3.3	3.4	3.7
Overall, I am satisfied with the services that I have received...	NA	3.2	3.4	3.5
I believe that the Detox staff cares about me and whether I get better...	NA	3.1	3.4	3.2
This program has helped me improve the quality of my life...	NA	3.1	3.4	3.5
My symptoms are not bothering me as much now as when I came into Detox...	NA	3.1	3.3	3.1
Gateway is a safe place...	NA	3.3	3.5	3.6
If I need help in the future, I will probably return to Gateway...	NA	3.3	3.4	3.6
I would recommend this program to others...	NA	3.2	3.5	3.6
I hope to continue services at Gateway or somewhere else, following my discharge from Detox.	NA	3.4	3.5	3.7
<b>Overall Average</b>	NA	<b>3.2</b>	<b>3.4</b>	<b>3.5</b>
<i>Responses: Strongly Agree = 4; Agree = 3; Neither Agree nor Disagree = 2; Disagree = 1; Totally Disagree = 0</i>				

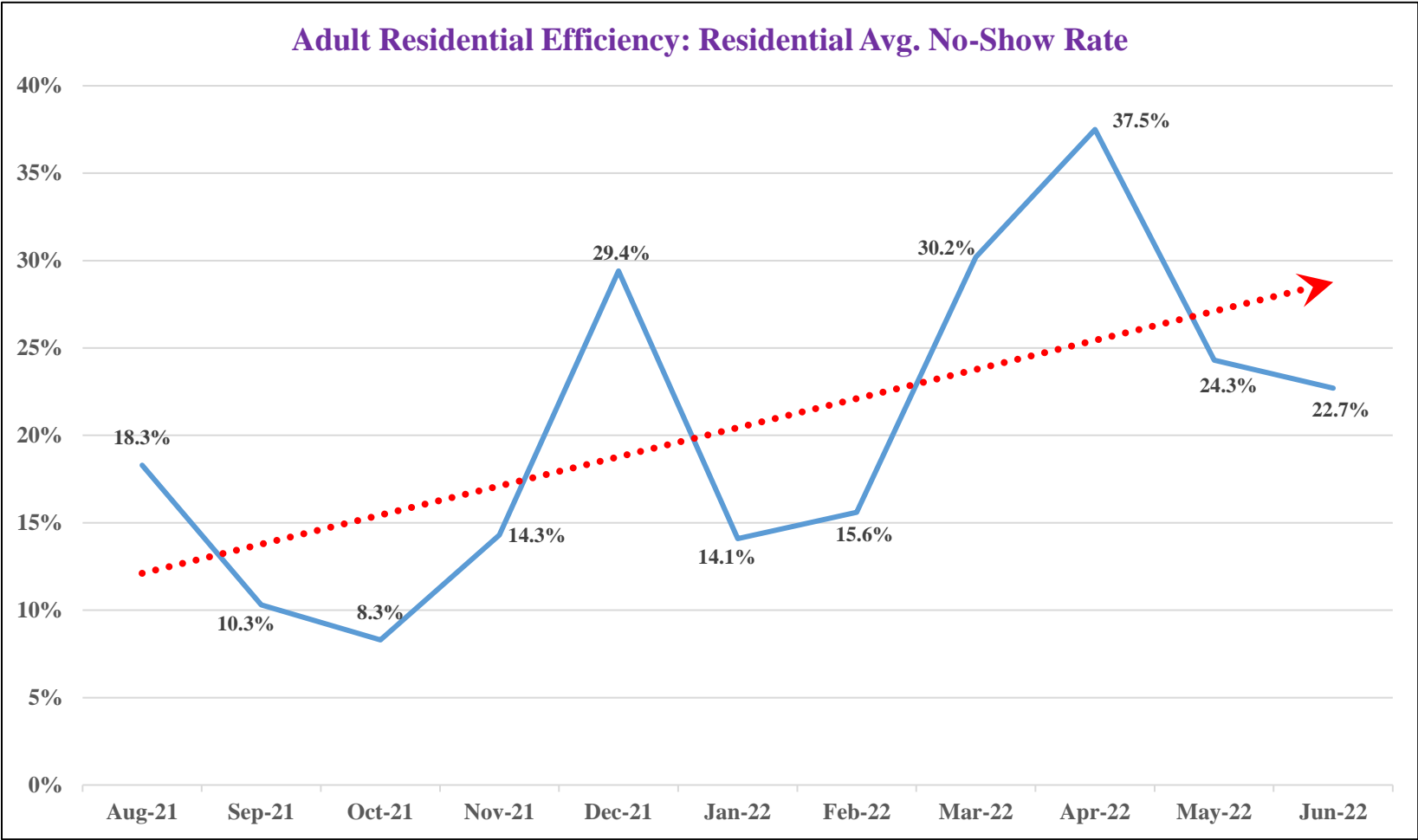
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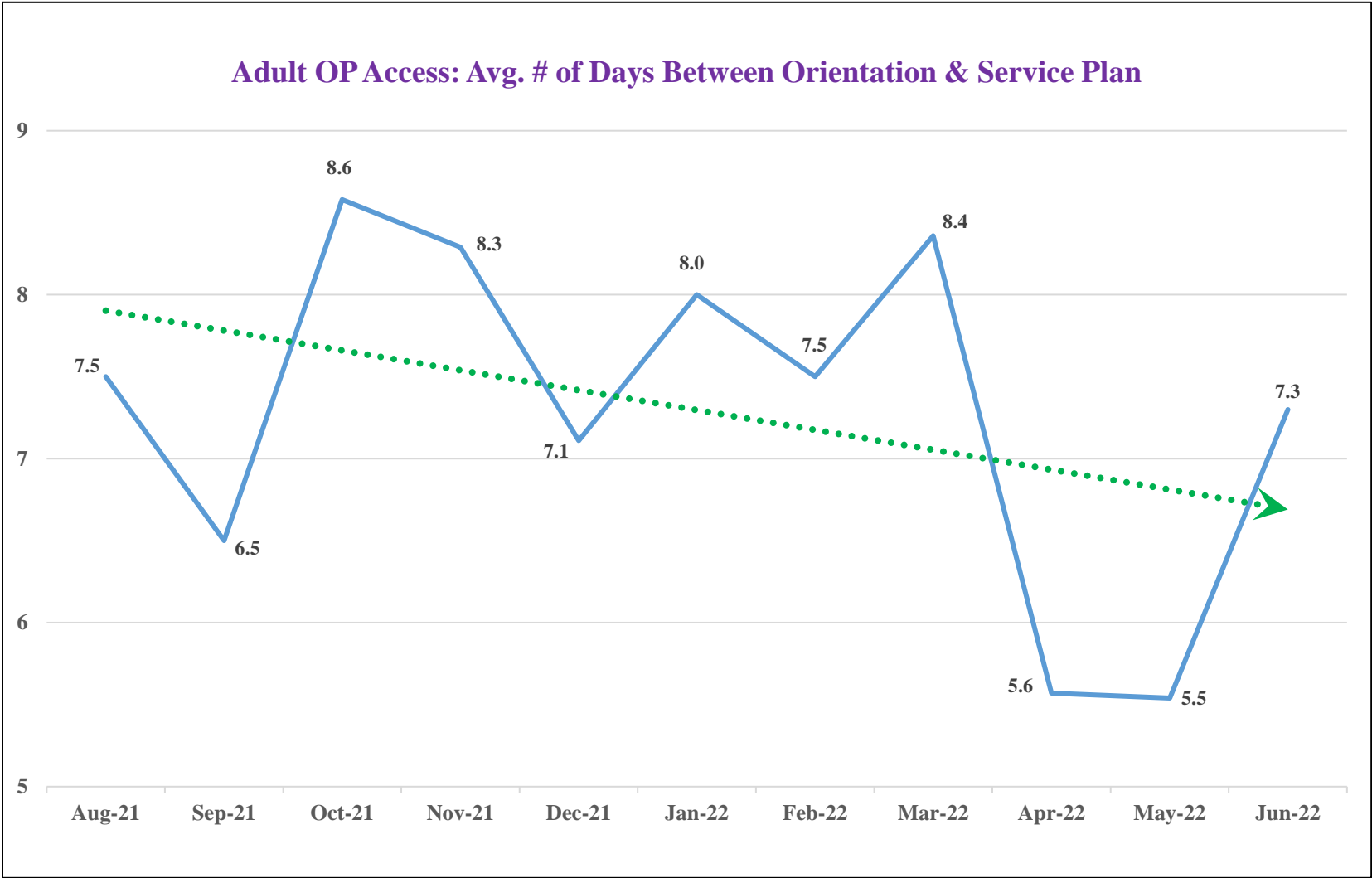
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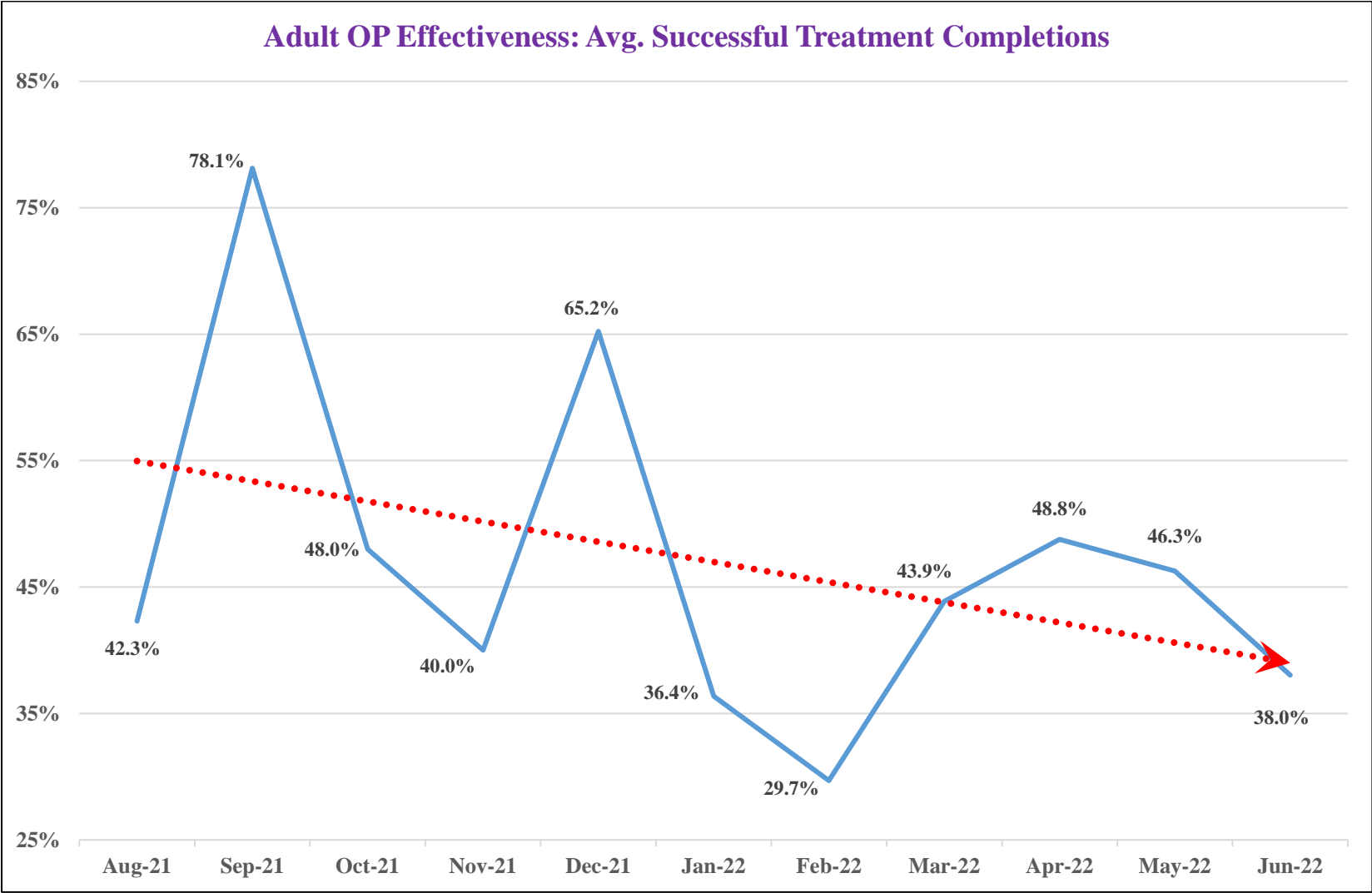
<b><u>Adult Residential Patient Satisfaction Survey Results</u></b>				
<b>Questions</b>	<b>3rd Qtr 2021</b>	<b>4th Qtr 2021</b>	<b>1st Qtr 2022</b>	<b>2nd Qtr 2022</b>
Average # days at Gateway...	<b>46.3</b>	<b>40.3</b>	<b>30.2</b>	<b>44.9</b>
# of Surveys:	<b>8</b>	<b>24</b>	<b>13</b>	<b>53</b>
I am able to access services quickly...	2.9	2.8	3.2	2.9
Gateway's residential treatment staff provide me with good care...	3.1	3.4	3.5	3.4
The food at Gateway is healthy and nutritious...	2.1	2.8	2.6	2.5
Gateway is a safe place...	3.1	3.5	3.7	3.6
Facility maintenance issues are effectively addressed in a timely manner...	2.5	3.1	3.5	3.1
Adult residential treatment services meet my treatment needs...	2.9	3.3	3.1	3.3
I understand the goals and objectives in my treatment plan...	2.9	3.3	3.4	3.5
My life has improved in one or more areas since entering treatment...	2.5	3.3	3.4	3.4
If a friend were in need of similar help, I would recommend Gateway to them...	3.4	3.6	3.7	3.6
If I were to seek help again, I would come back to Gateway...	3.3	3.6	3.5	3.4
I feel safe and comfortable talking with my counselor...	3.5	3.7	3.8	3.6
RSS team members treat me with respect and support my recovery...	3.0	3.2	3.5	3.2
<b>Overall Average</b>	<b>2.9</b>	<b>3.3</b>	<b>3.4</b>	<b>3.3</b>
<i>Responses: Strongly Agree = 4; Agree = 3; Neither Agree or Disagree = 2; Disagree = 1; Totally Disagree = 0</i>				

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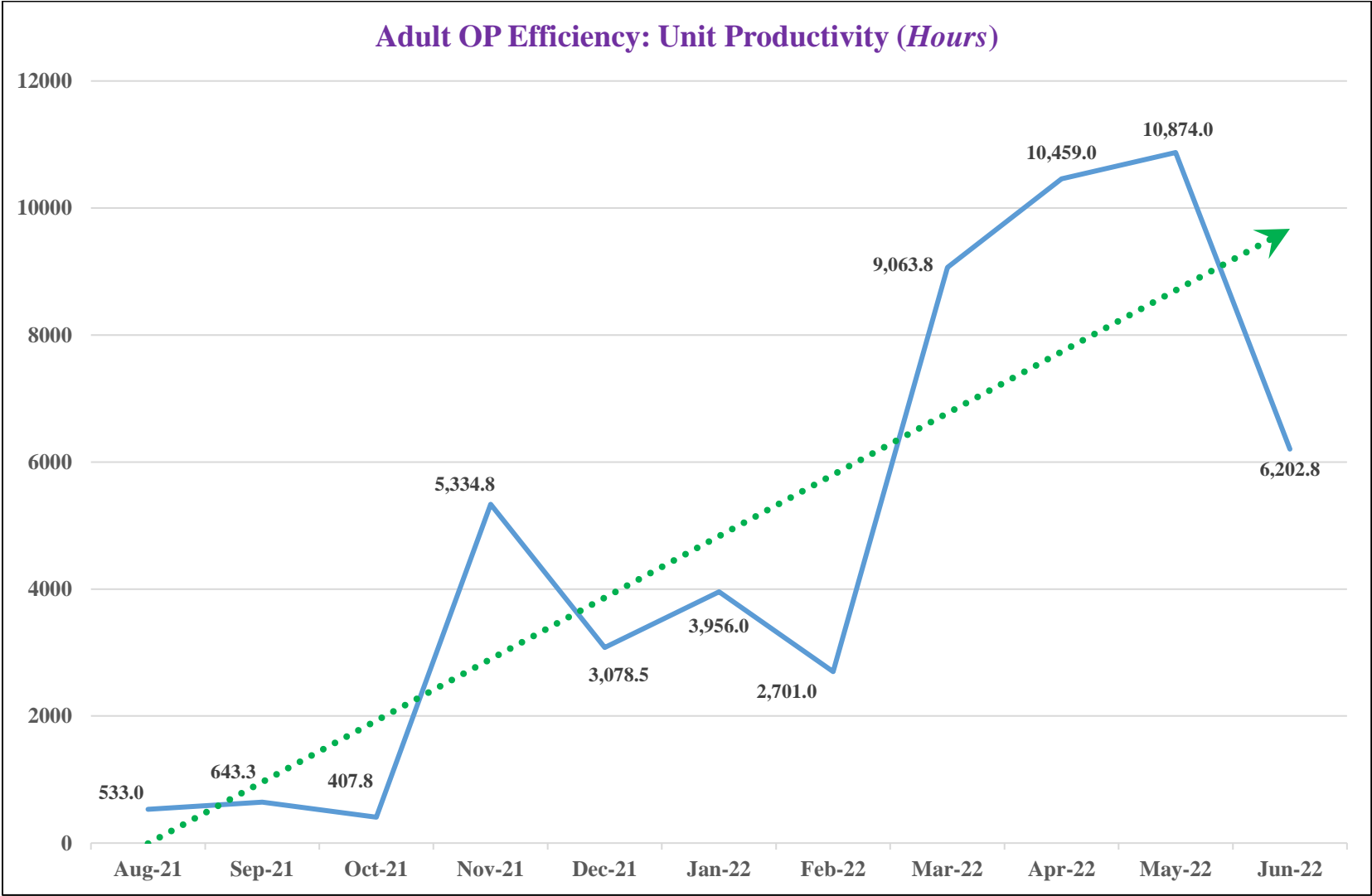




ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

### Adult Outpatient Patient Satisfaction Survey Results

Questions	3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022
# of Surveys:	4	18	3	13
Average number of days at Gateway...	145.5	101.2	23.3	75.2
In the past 30 days, about how many times have you used alcohol?	3.3	3.9	4.0	3.8
In the past 30 days, about how many times have you used drugs other than alcohol?	4.0	4.0	4.0	3.9
I am able to access services quickly...	3.0	2.5	3.7	3.1
Gateway's adult outpatient staff provide me with good care...	3.5	3.3	4.0	3.7
Gateway's adult outpatient treatment services meet my treatment needs...	3.0	3.1	4.0	3.4
I understand my treatment plan goals and objectives...	3.3	3.2	4.0	3.8
My life has improved in one or more areas since entering treatment...	3.3	3.3	3.3	3.3
If a friend or family member were in need of similar help, I would recommend Gateway to them...	3.3	3.3	3.7	3.8
I have reduced the amount of drugs and/or alcohol that I was using...	3.6	3.6	4.0	3.9
If I were to seek help again, I would come back to this program...	3.3	3.3	4.0	3.7
I am satisfied with the frequency, number, and/or type of services that I receive...	2.8	2.8	4.0	3.5
I feel safe and comfortable talking with my counselor, case manager, and/or care coordinator...	3.5	3.1	4.0	3.8
<b>Overall Average</b>	<b>3.3</b>	<b>3.3</b>	<b>3.9</b>	<b>3.6</b>
<i>Responses: 4 = 4; Agree = 3; Neither Agree or Disagree = 2; Disagree = 1; Totally Disagree = 0</i>				

# ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

## Adult IOP Outcomes

### Adult IOP Access: Average Days Between Assessment & 1st Session

Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Average	Target
NA	NA	NA	NA	NA	6.0	NA	NA	NA	NA	NA	6.0	< 7

### Adult IOP Effectiveness: Average Successful Treatment Completions

Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Average	Target
NA	NA	NA	NA	NA	100.0%	NA	NA	NA	NA	NA	100.0%	> 48.5%

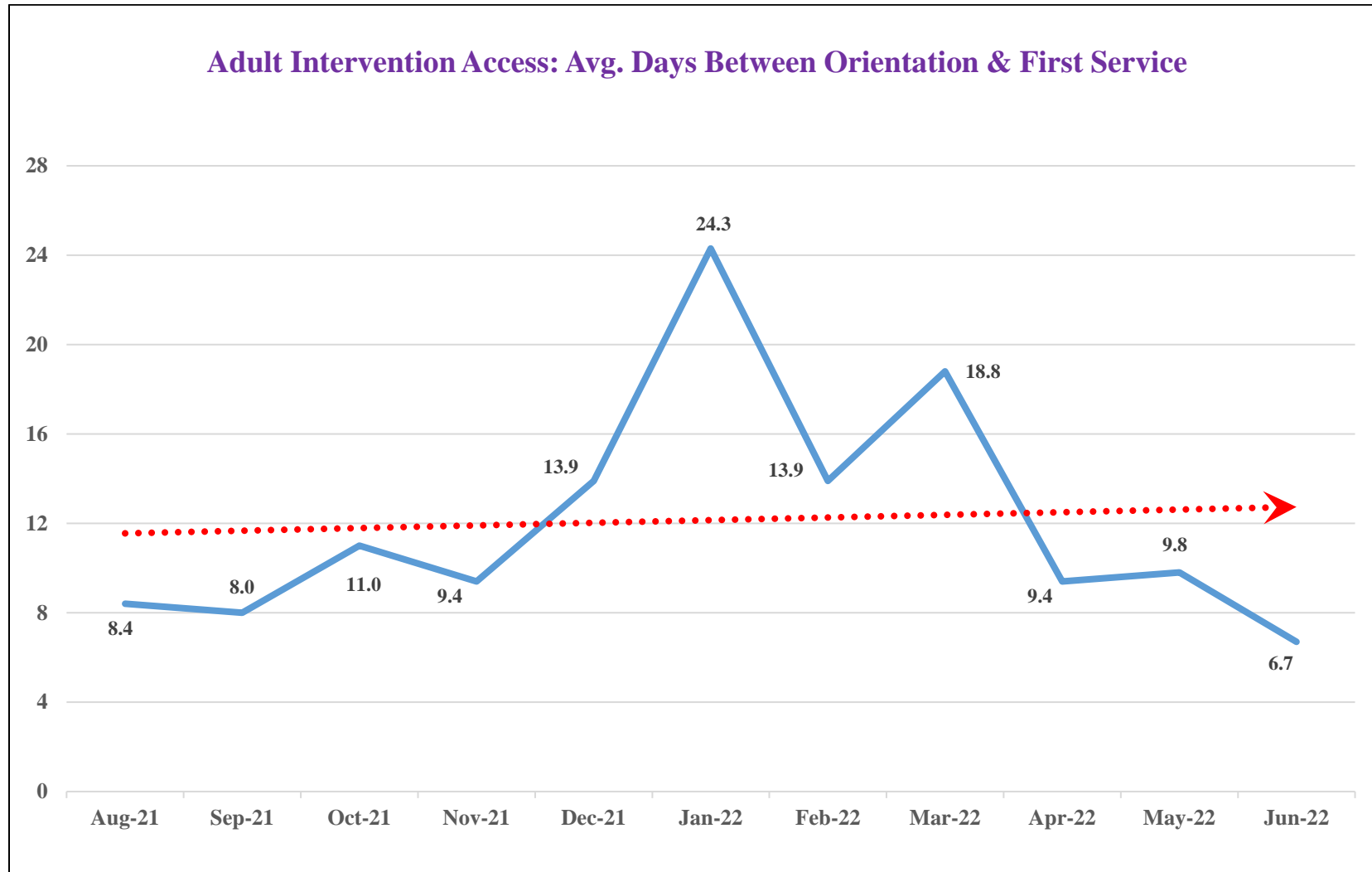
### Adult IOP Efficiency: Productivity (Hours)

Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Average	Target
NA	NA	NA	NA	NA	4.5	NA	NA	NA	NA	NA	4.5	> 6

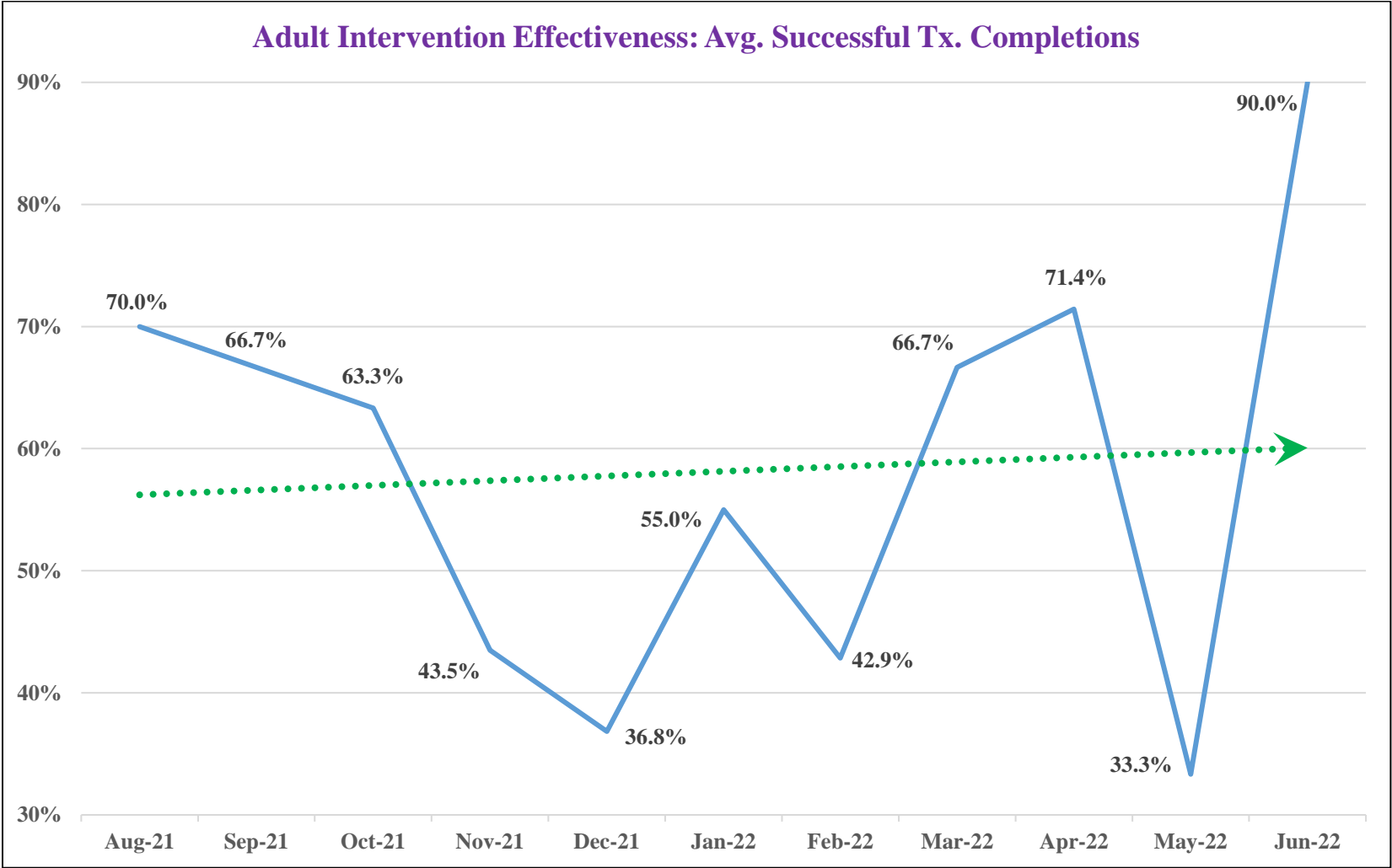
### Adult IOP: Patient Satisfaction Survey Results - Overall Satisfaction with Services

3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	3rd Qtr 2023	4th Qtr 2023	1st Qtr 2024	Average	Target
NA	NA	NA	NA								NA	> 3

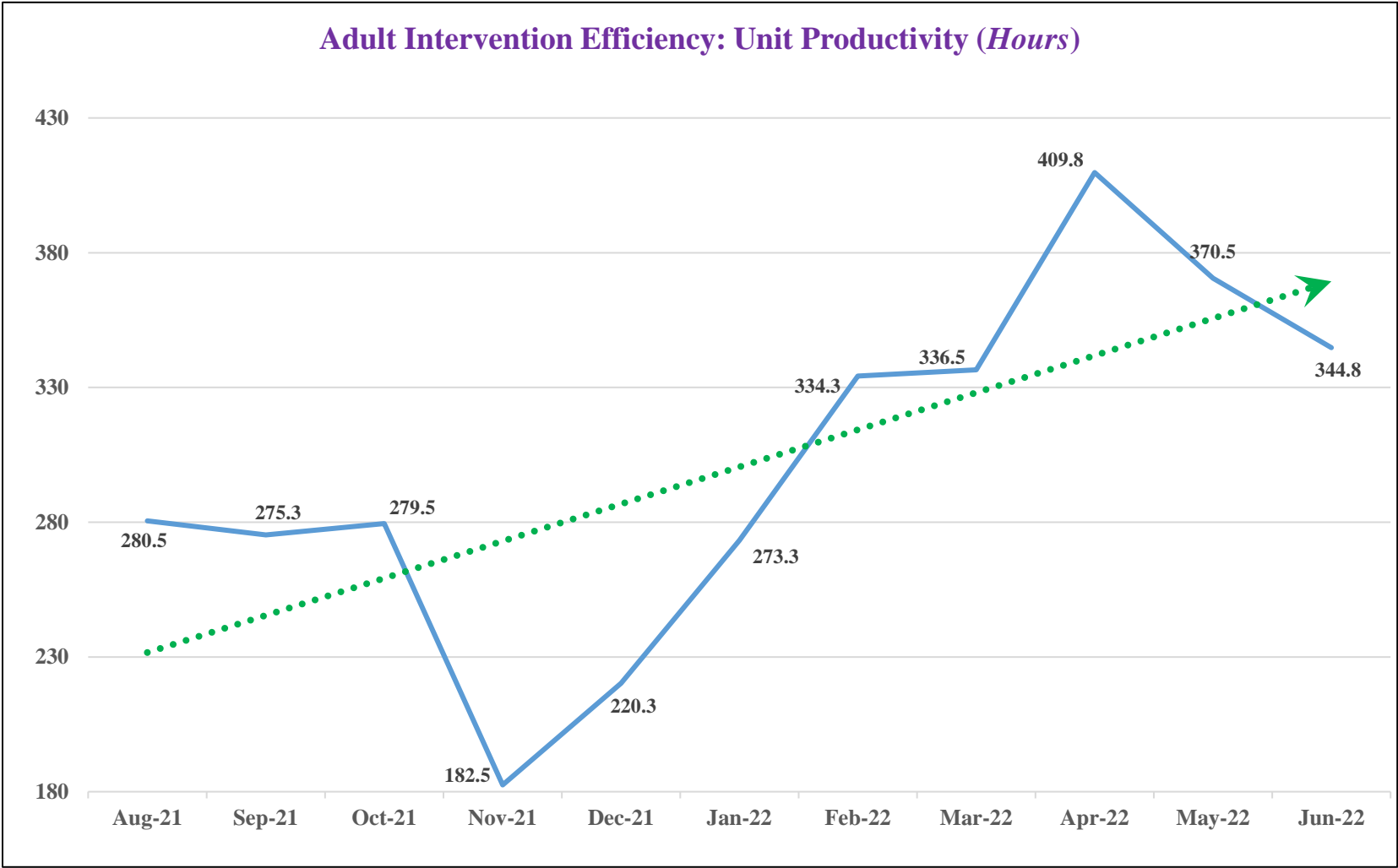
## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



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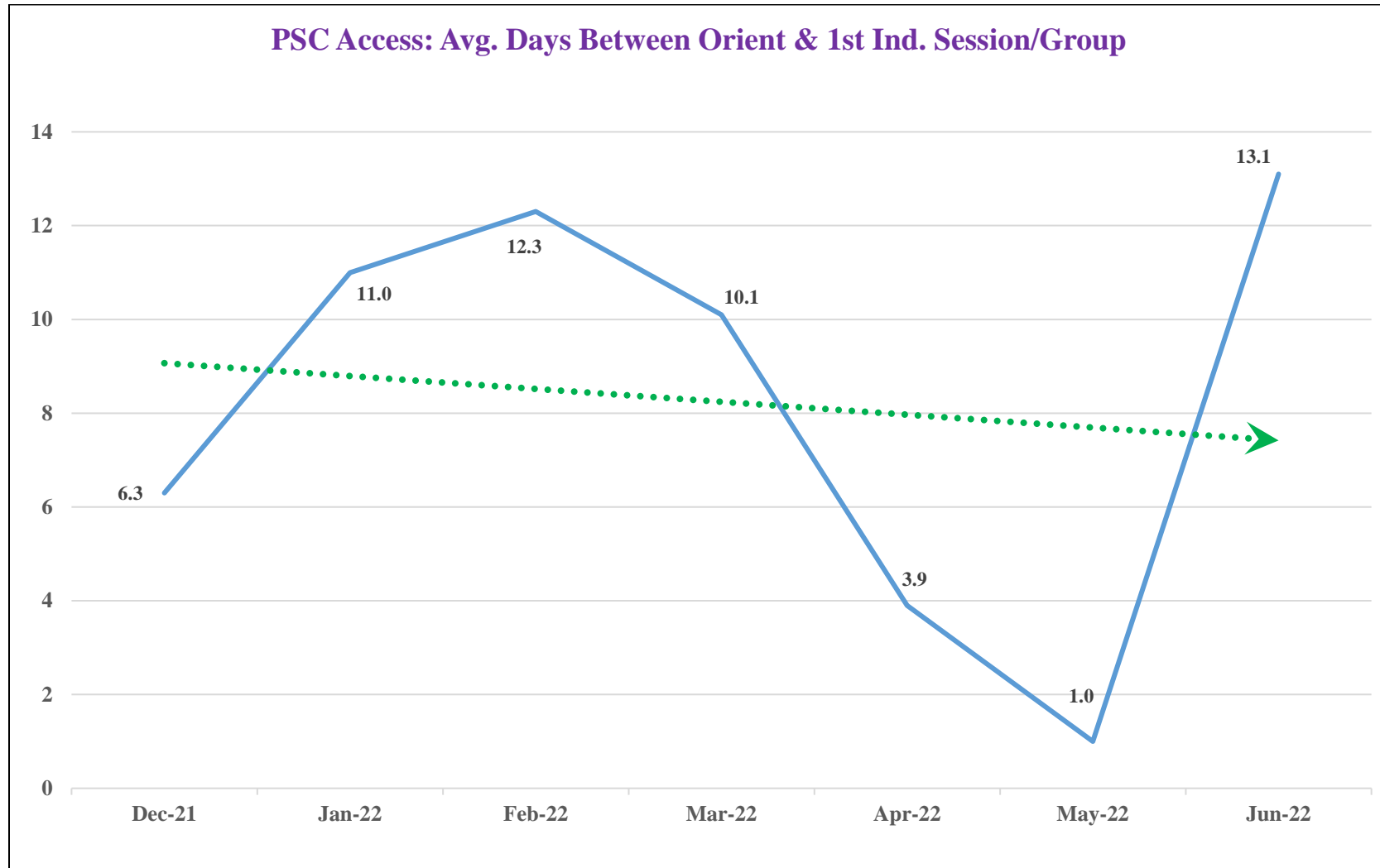
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### Adult Intervention Patient Satisfaction Survey Results

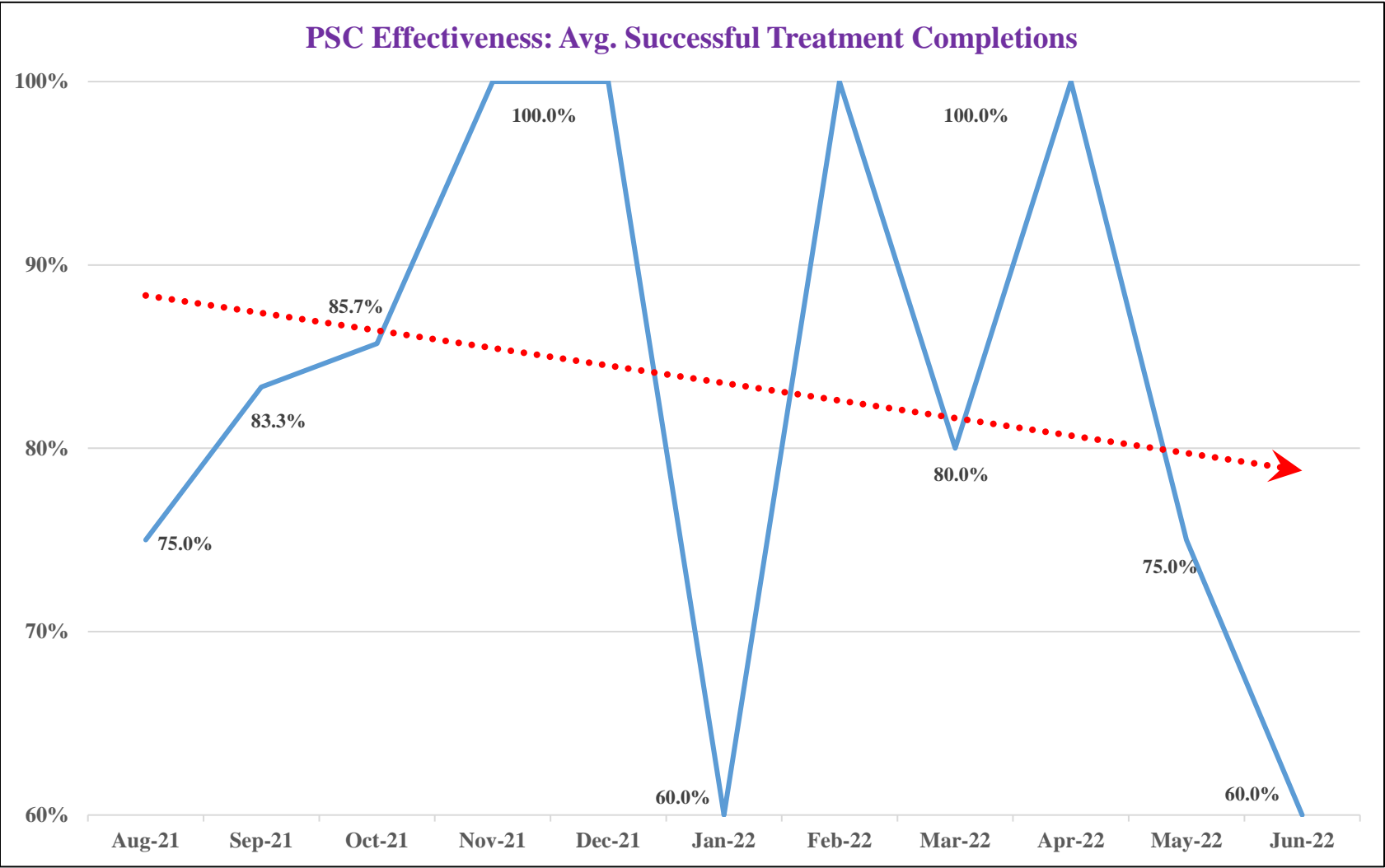
Questions	3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022
# of Surveys:	0	3	4	1
Average number of days at Gateway...	NA	78.5	27.25	43
In the past 30 days, about how many times have you used alcohol?	0	3.0	4.0	3.0
In the past 30 days, about how many times have you used drugs other than alcohol?	0	3.7	4.0	3.0
I am able to access services quickly...	0	3.3	3.3	2.0
Gateway's adult intervention staff provide me with good care...	0	3.7	3.8	4.0
Gateway's adult intervention services meet my treatment needs...	0	3.3	4.0	4.0
I understand my service plan goals and objectives...	0	3.3	3.8	3.0
I am satisfied with the progress that I have made so far...	0	3.3	3.8	4.0
If a friend or family member were in need of similar help, I would recommend Gateway to them...	0	3.3	3.8	4.0
I have reduced the amount of drugs and/or alcohol that I was using...	0	4.0	3.8	4.0
I have a better understanding of the impact that addiction can have on my life and relationships...	0	3.7	3.5	4.0
I am satisfied with the frequency, number, and/or type of services that I receive...	0	3.3	3.8	4.0
I feel safe and comfortable talking with my counselor, case manager, and/or care coordinator...	0	3.7	3.8	4.0
<b>Overall Average</b>	<b>0.0</b>	<b>3.5</b>	<b>3.8</b>	<b>3.6</b>
<i>Responses: 4 = 4; Agree = 3; Neither Agree nor Disagree = 2; Disagree = 1; Totally Disagree = 0</i>				



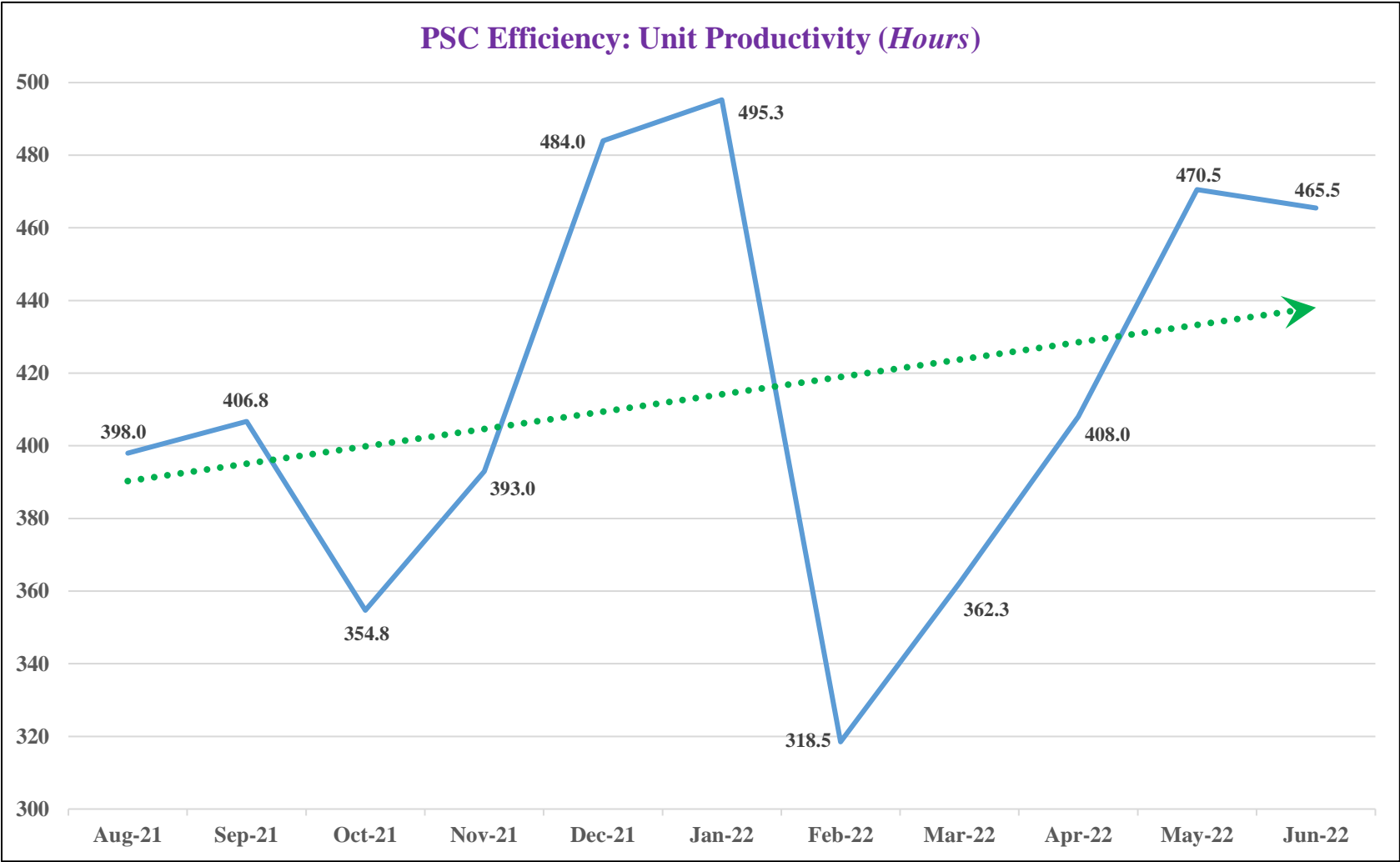
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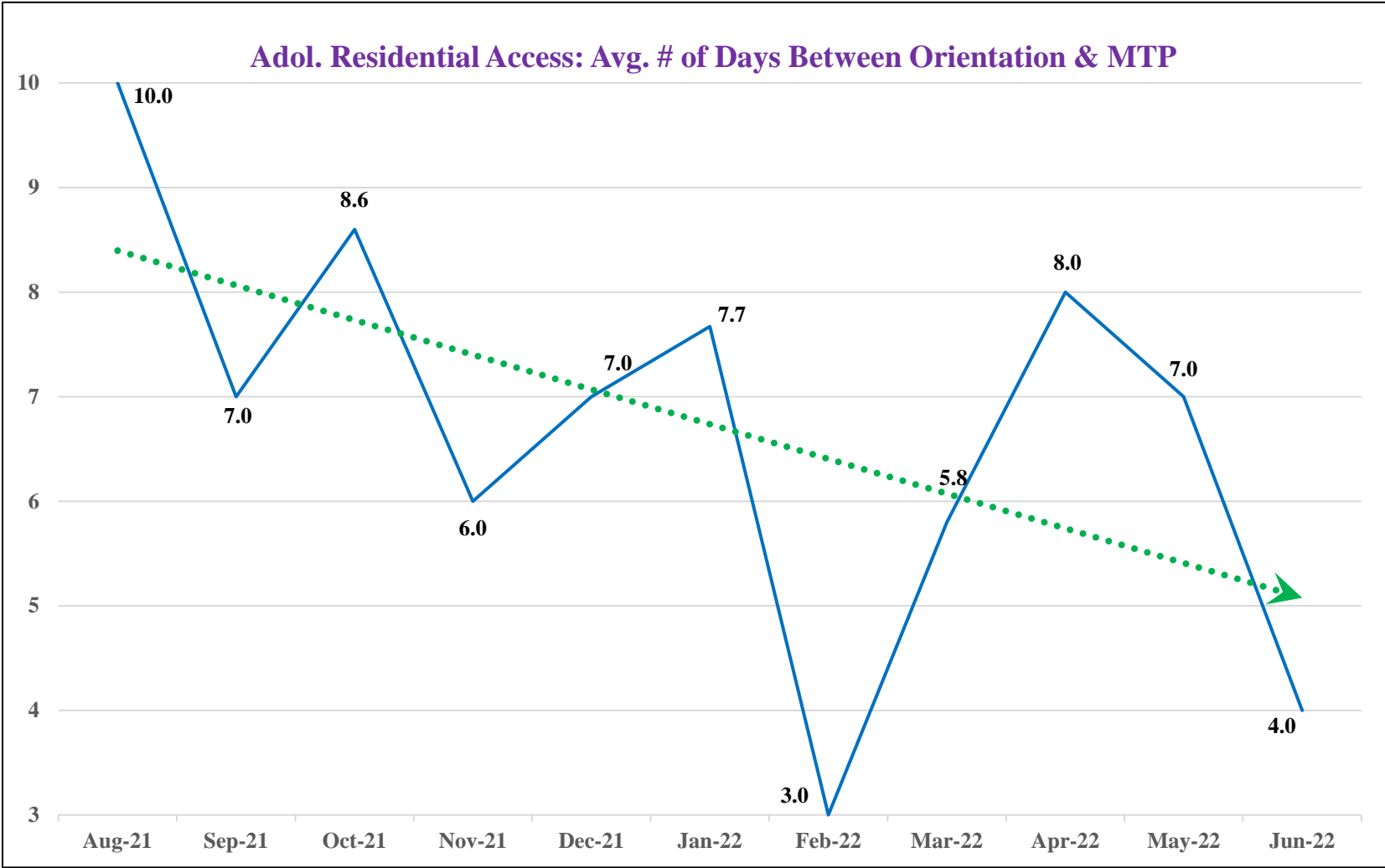


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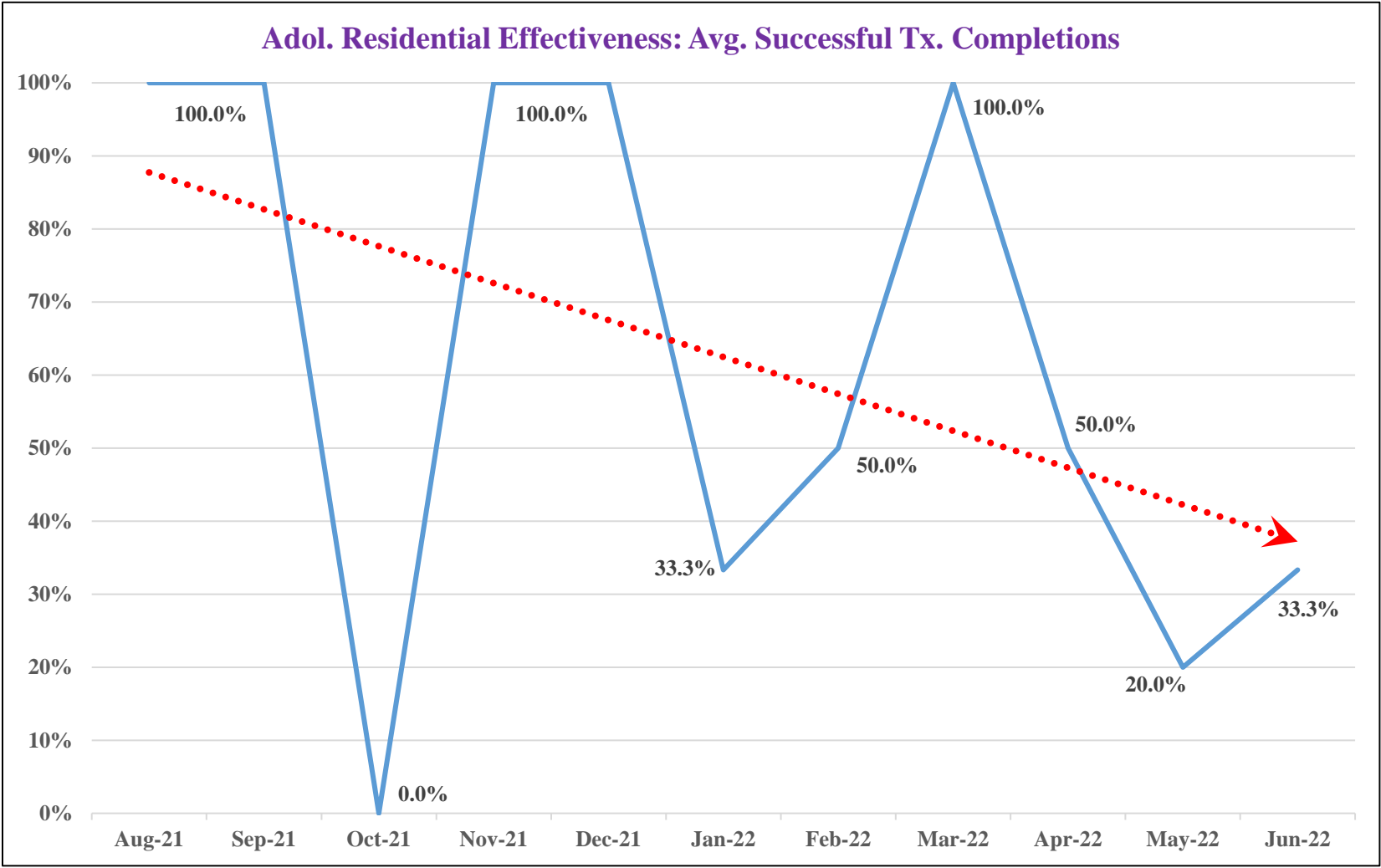
## Problem Solving Courts (PSC) Patient Satisfaction Survey Results

	ADC	FTC	VTC	
Which problem-solving court are you enrolled in? ( <i>Most recent quarter.</i> )	52.8%	2.8%	44.4%	
Questions	3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022
# of Surveys:	35	27	48	36
Average number of weeks at Gateway...	29.7	31.4	29.2	37.6
In the past 30 days, about how many times have you used alcohol?	4.0	3.9	3.9	4.0
In the past 30 days, about how many times have you used drugs other than alcohol?	3.9	3.9	4.0	4.0
I am able to access services quickly...	3.1	3.3	3.2	3.3
Gateway's adult outpatient staff provide me with good care...	3.3	3.3	3.3	3.4
Gateway's adult outpatient treatment services meet my treatment needs...	3.1	3.3	3.2	3.4
I understand my treatment plan goals and objectives...	3.3	3.4	3.5	3.5
My life has improved in one or more areas since entering treatment...	3.5	3.5	3.5	3.7
If a friend or family member were in need of similar help, I would recommend Gateway to them...	3.3	3.1	3.3	3.4
I have reduced the amount of drugs and/or alcohol that I was using...	3.9	3.8	3.6	3.8
If I were to seek help again, I would come back to this program...	3.2	3.1	3.2	3.4
I am satisfied with the frequency, number, and/or type of services that I receive...	3.3	3.4	3.3	3.5
I feel safe and comfortable talking with my counselor, case manager, and/or care coordinator...	3.6	3.4	3.5	3.6
<b>Overall Average</b>	<b>3.5</b>	<b>3.5</b>	<b>3.5</b>	<b>3.6</b>
<i>Responses: Strongly Agree = 4; Agree = 3; Neither Agree nor Disagree = 2; Disagree = 1; Totally Disagree = 0</i>				

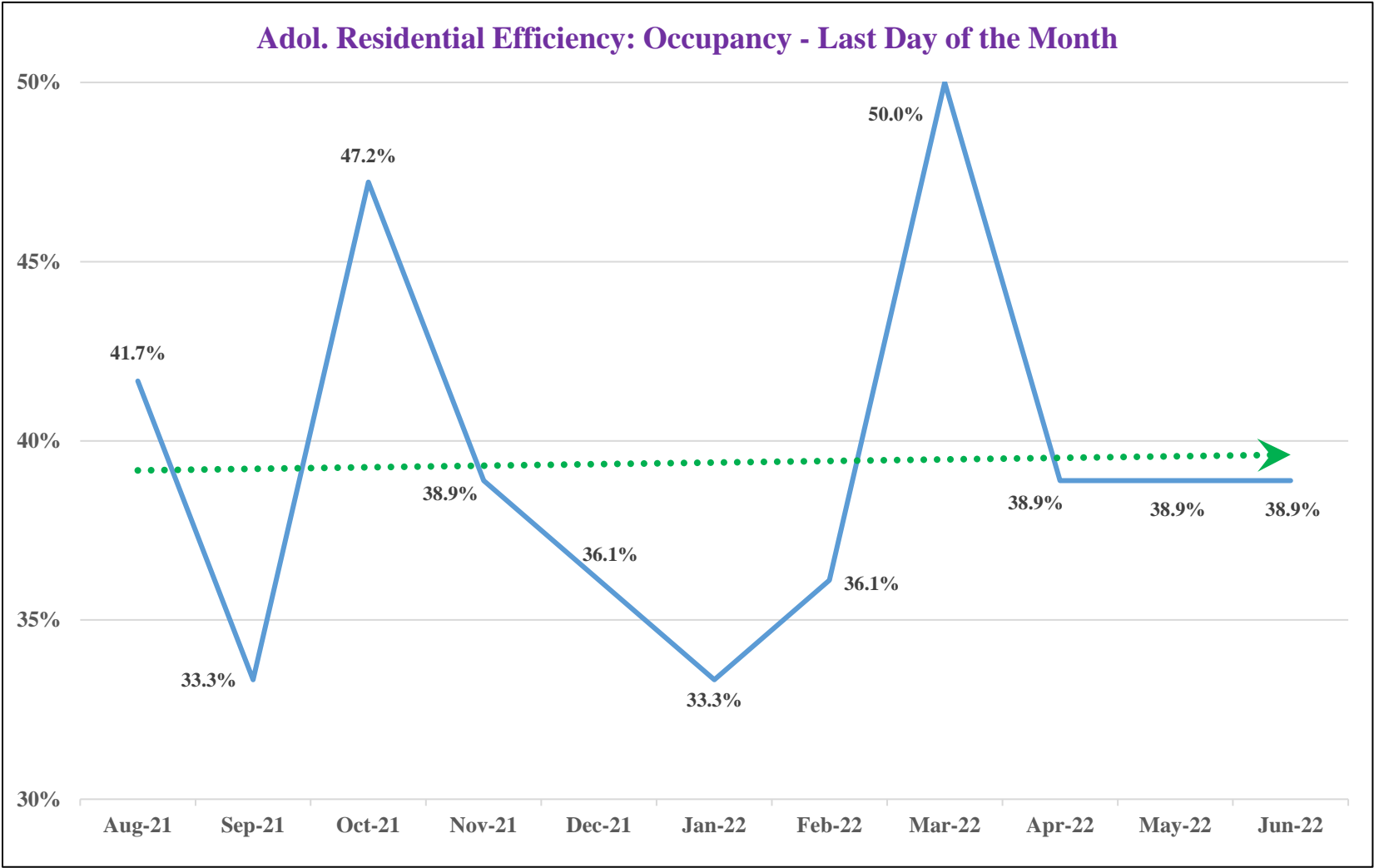
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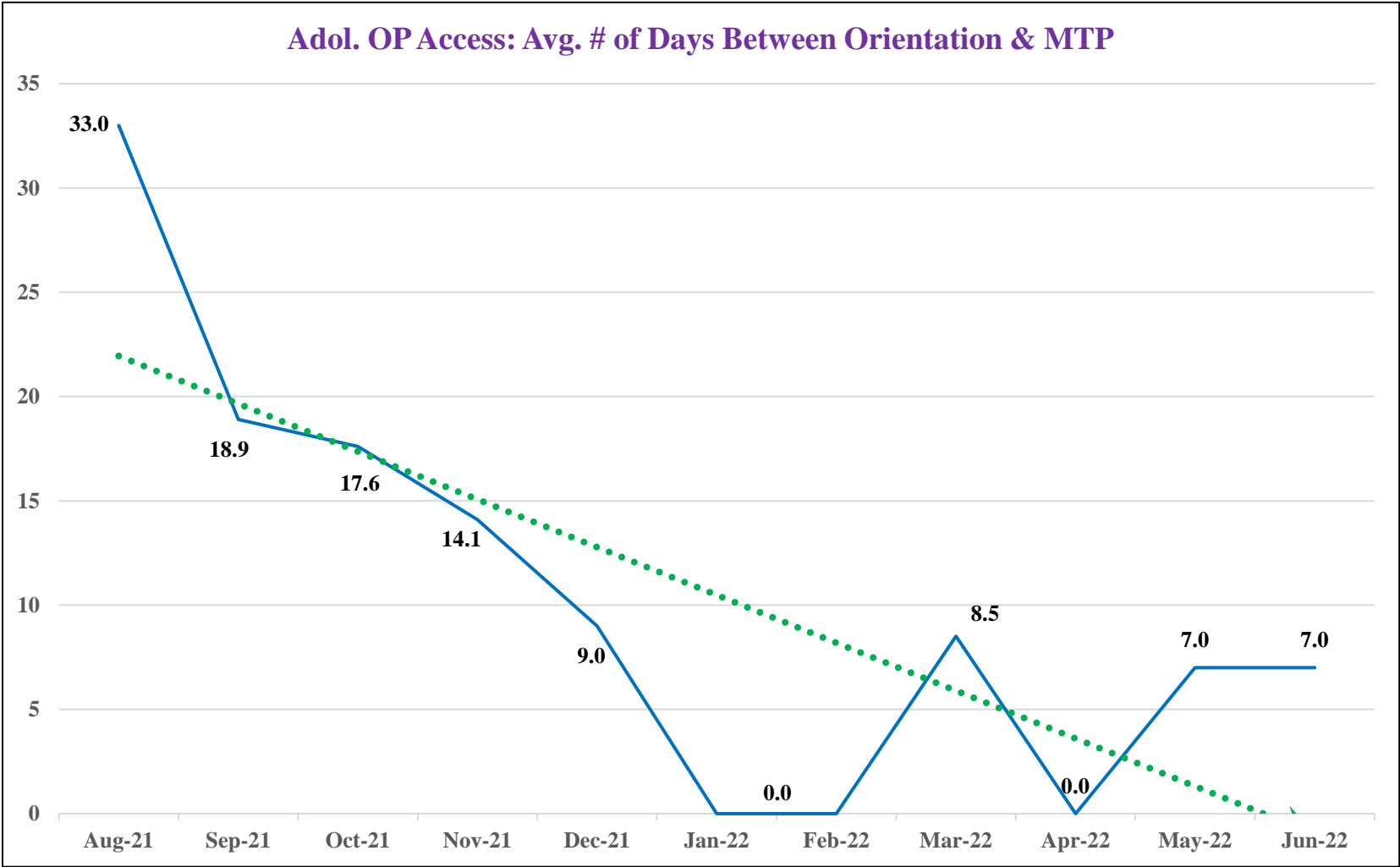
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### Adolescent Residential Patient Satisfaction Survey Results

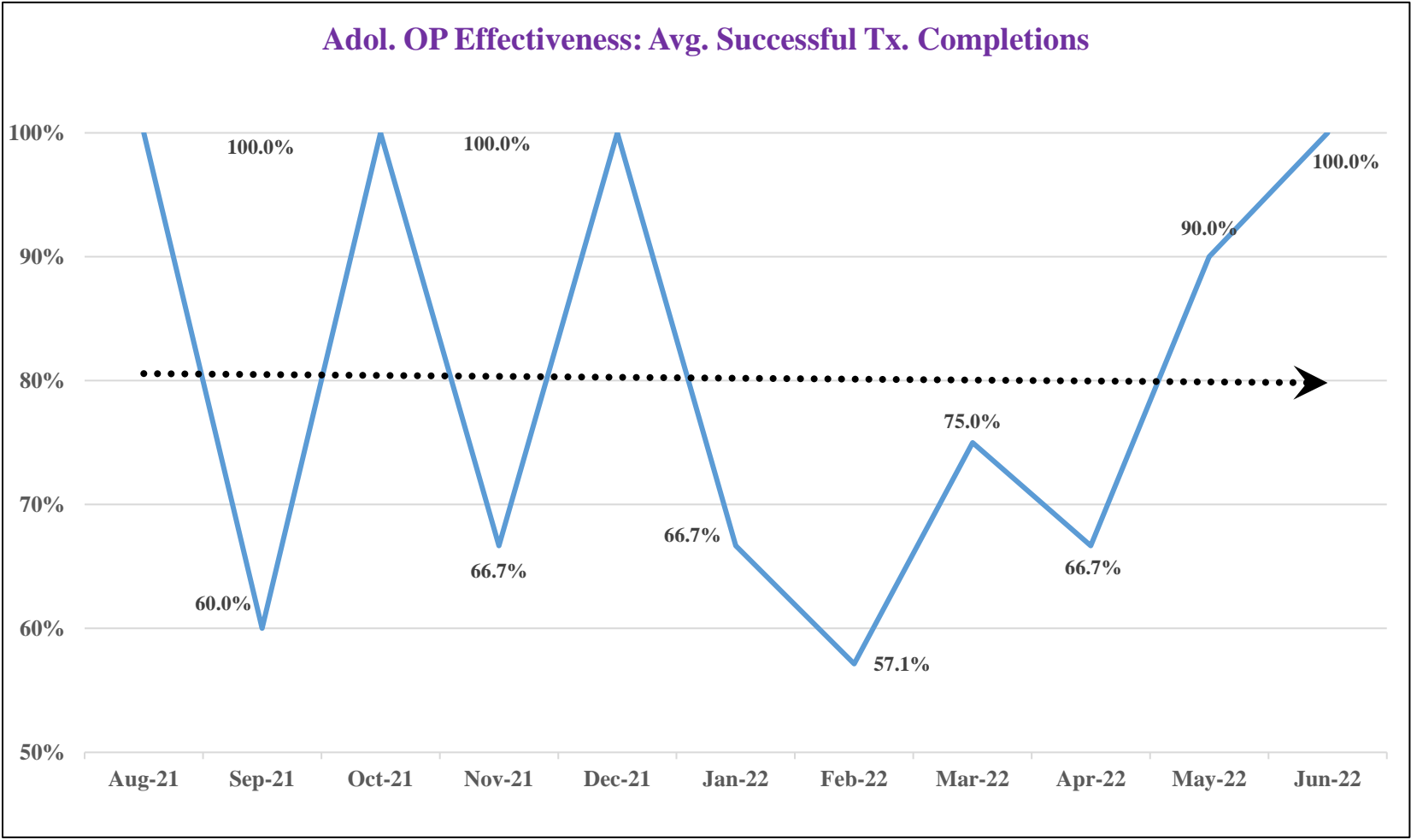
Questions	3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022
# of Surveys:	0	9	8	7
Average number of weeks at Gateway...	NA	13.2	15.8	15.1
I was able to access services quickly...	None	2.7	2.8	2.3
Gateway's adolescent residential treatment staff provide good care...	None	2.8	3.0	2.3
The food at Gateway is healthy and nutritious...	None	1.6	1.1	0.6
Gateway is a safe place...	None	2.6	2.6	0.9
Facility maintenance issues are effectively addressed in a timely manner...	None	1.0	2.0	0.3
Adolescent residential treatment services meet my treatment needs...	None	2.6	2.5	2.3
I understand the goals and objectives in my treatment plan...	None	3.0	3.5	3.1
My life has improved in one or more areas since entering treatment...	None	2.7	3.5	3.0
If a friend were in need of similar help, I would recommend Gateway to them...	None	2.3	1.8	0.6
If I were to seek help again, I would come back to Gateway...	None	2.0	1.8	1.1
I feel safe and comfortable talking with my counselor...	None	3.3	3.4	4.0
SAT team members treat me with respect and support my recovery...	None	3.0	3.0	1.1
<b>Overall Average</b>	<b>NA</b>	<b>2.5</b>	<b>2.6</b>	<b>1.8</b>
<i>Responses: Strongly Agree = 4; Agree = 3; Neither Agree nor Disagree = 2; Disagree = 1; Totally Disagree = 0</i>				



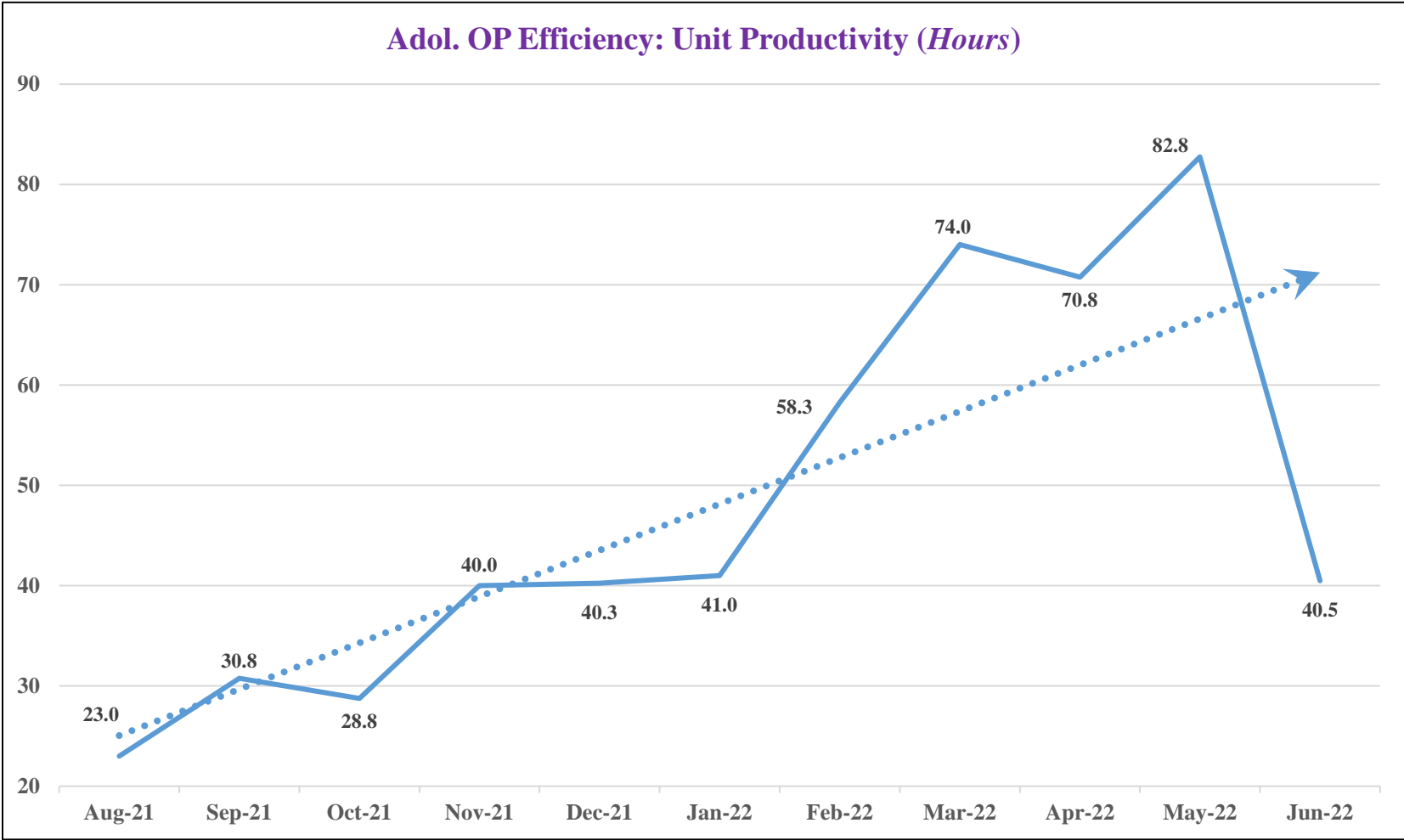
ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



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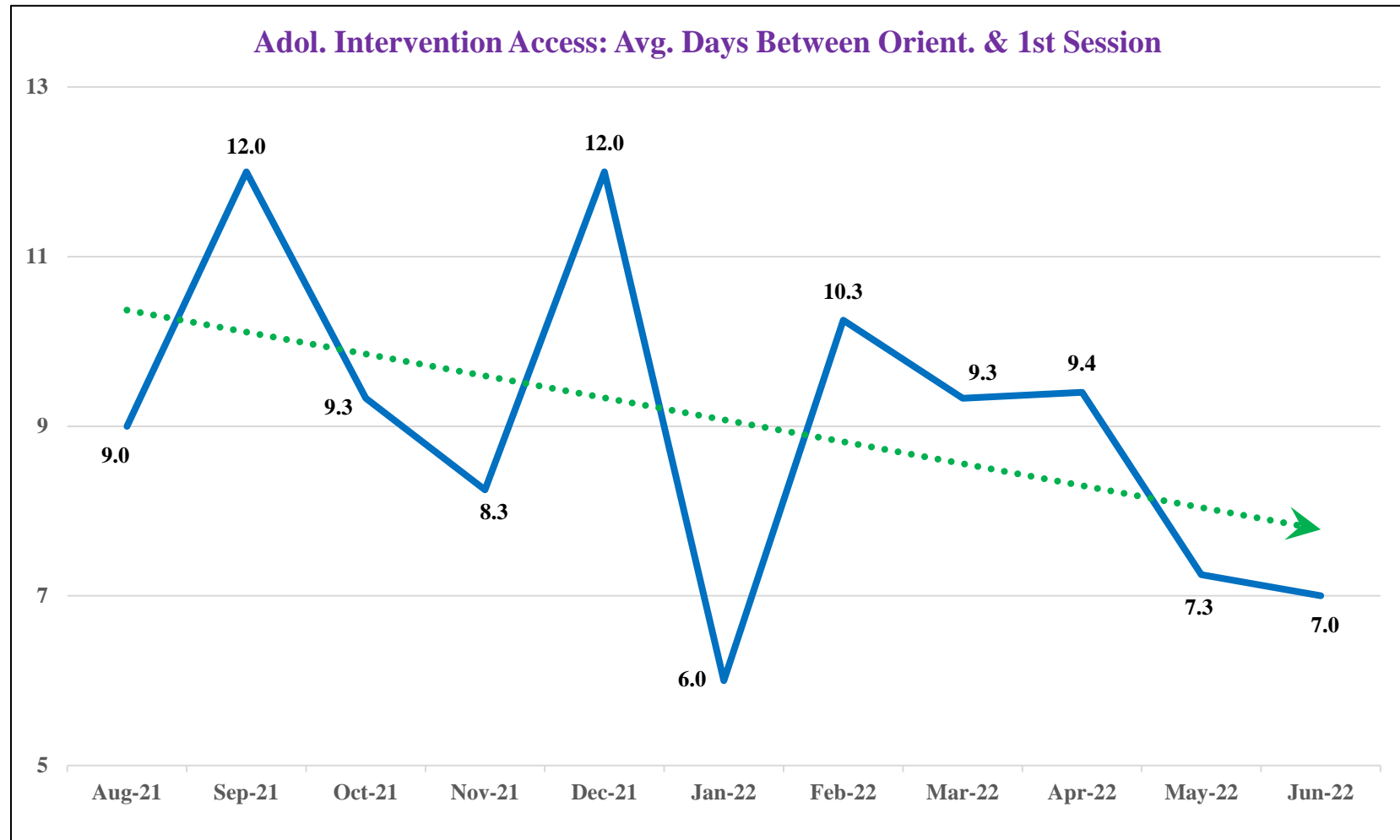


## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

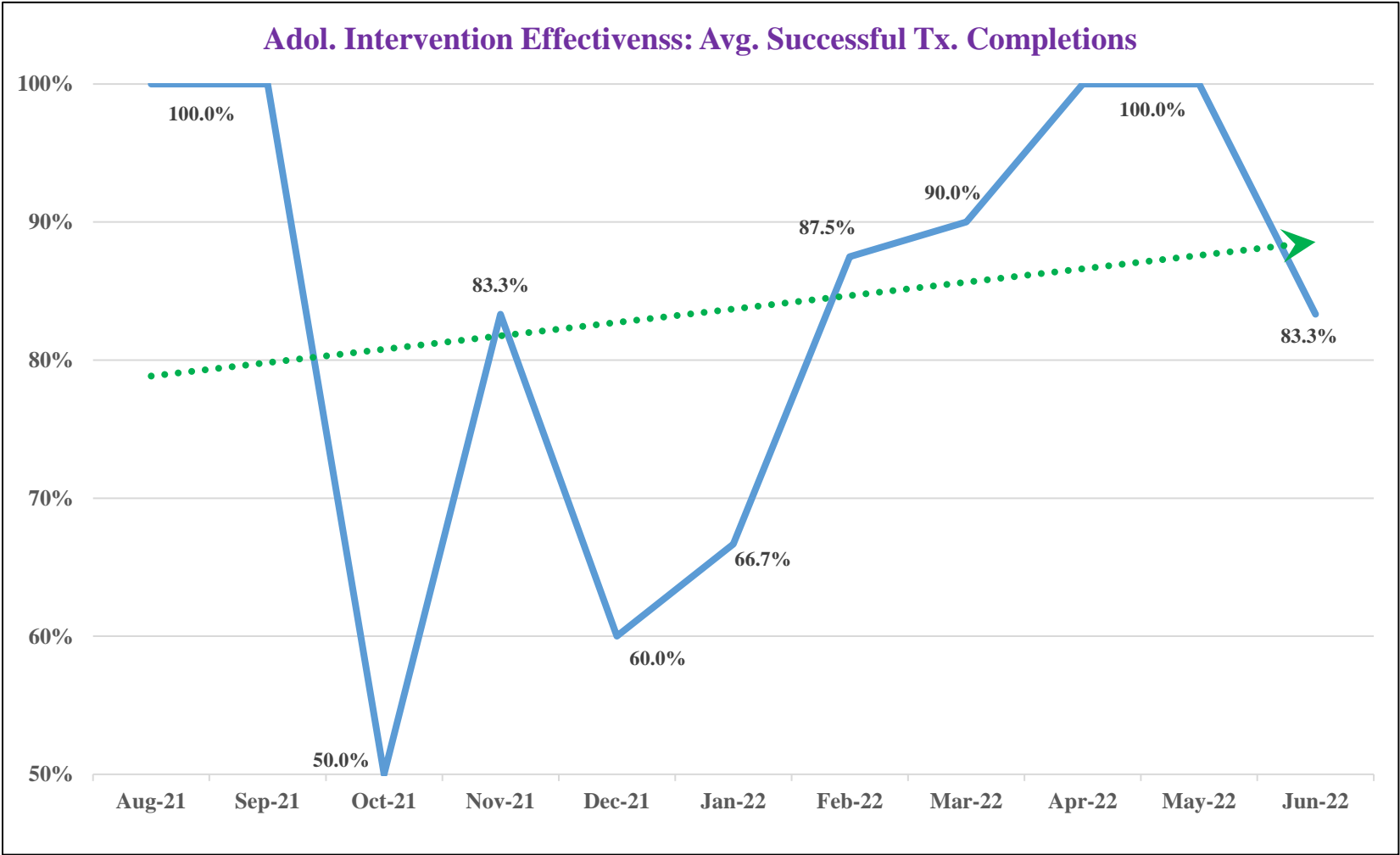
### Adolescent Outpatient Patient Satisfaction Survey Results

Questions	3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022
# of Surveys:	0	4	7	5
Average number of days at Gateway...	NA	59.5	31.6	10.4
I was able to access services quickly...	None	3.3	3.4	3.6
Gateway's treatment staff provide me with good care...	None	4.0	3.4	3.8
Gateway is a safe place...	None	3.5	3.3	3.4
Gateway treatment services meet my needs...	None	3.0	3.4	3.6
I understand the goals and objectives in my treatment plan...	None	3.5	3.3	3.6
My life has improved in one or more areas since entering treatment...	None	3.5	3.6	3.2
If a friend were in need of similar help, I would recommend Gateway to them...	None	3.5	3.4	3.6
If I were to seek help again, I would come back to Gateway...	None	3.5	3.4	3.6
I feel safe & comfortable talking with my counselor...	None	4.0	3.6	3.6
<b>Overall Average</b>	<b>NA</b>	<b>3.5</b>	<b>3.4</b>	<b>3.6</b>
<i>Responses: Strongly Agree = 4; Agree = 3; Neither Agree nor Disagree = 2; Disagree = 1; Totally Disagree = 0</i>				

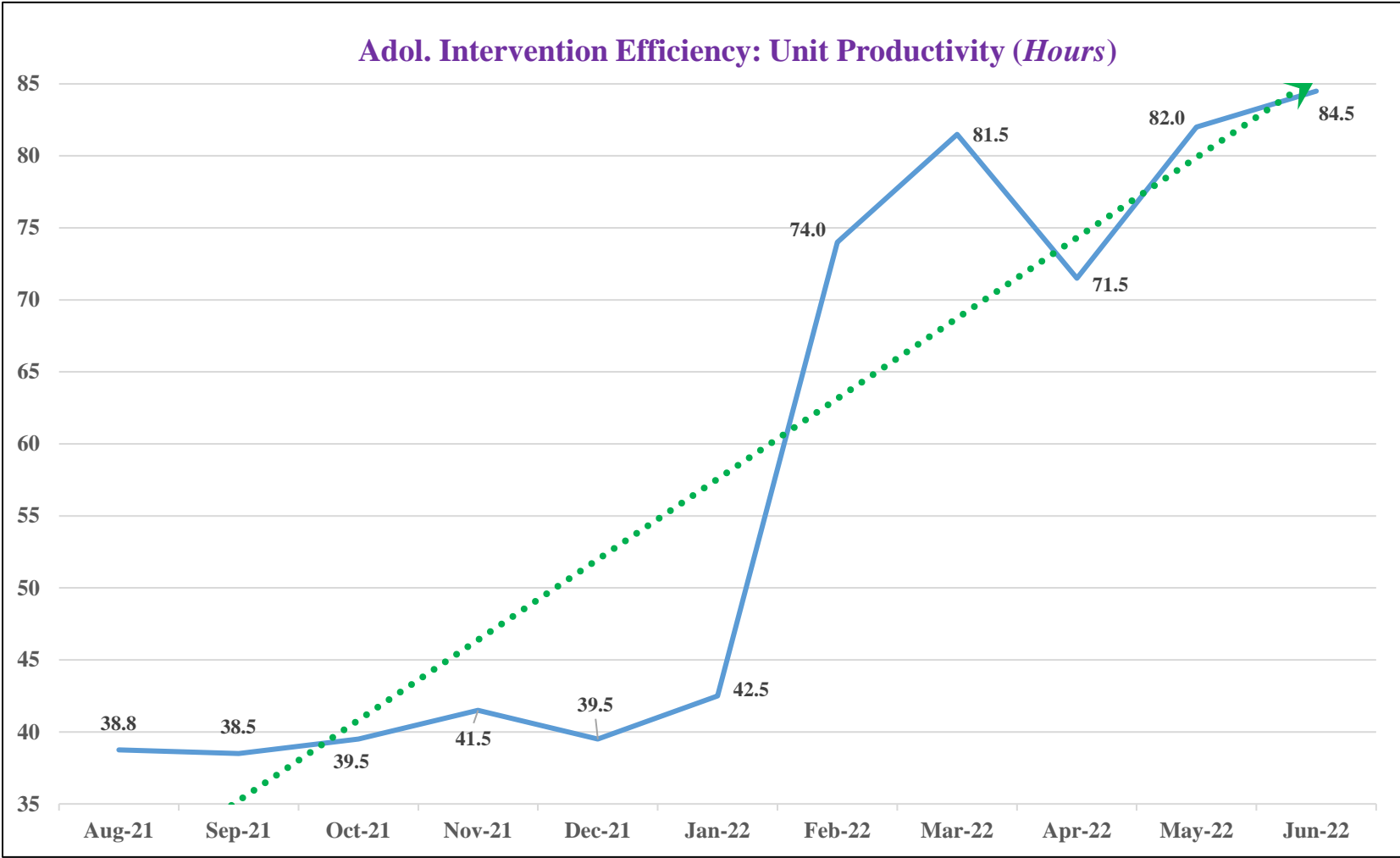
## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



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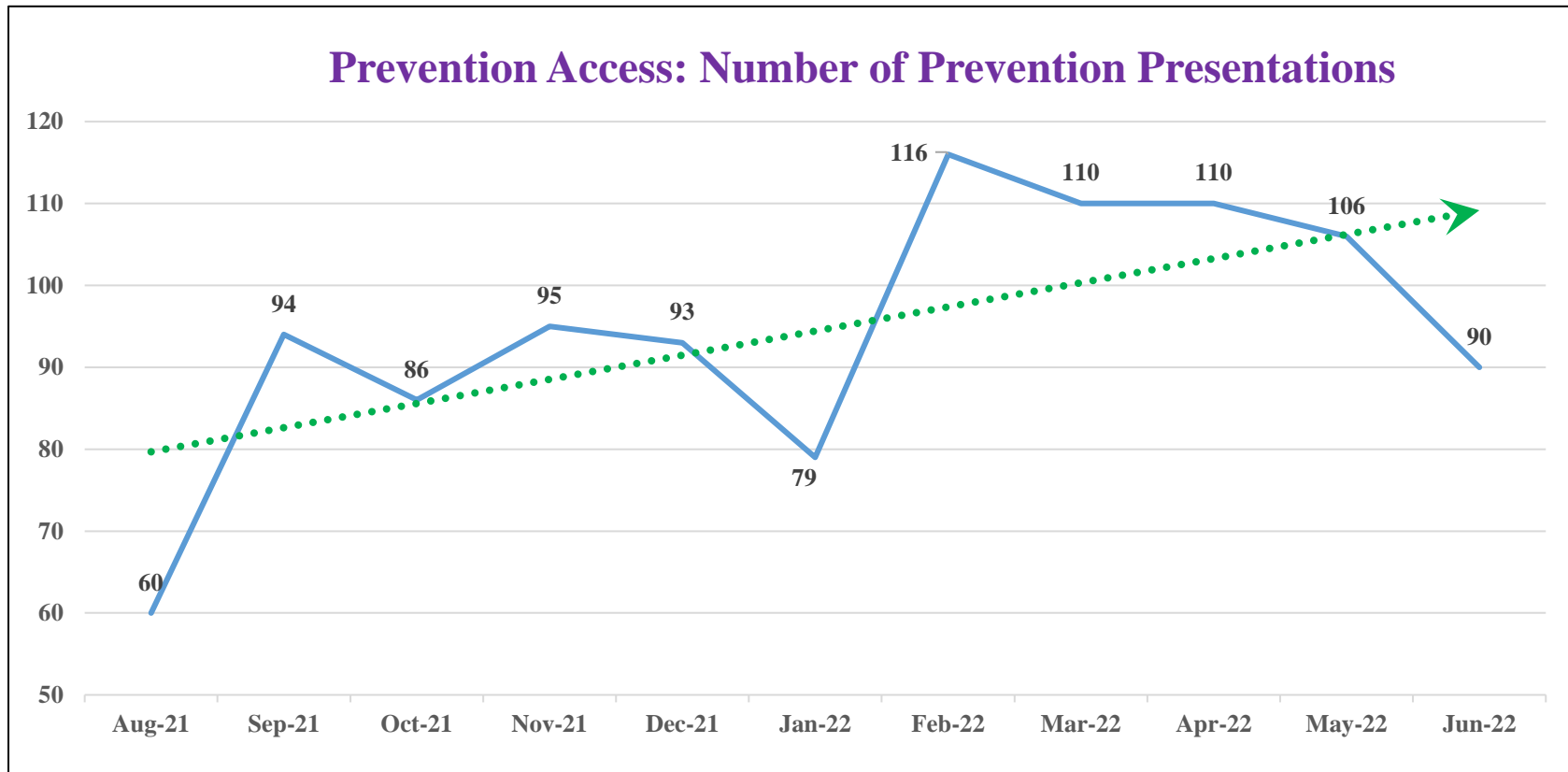
# ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

## Adolescent Intervention Patient Satisfaction Survey Results

Questions	3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022
# of Surveys:	0	5	17	16
Average number of days at Gateway...	NA	33.0	14.1	15.4
I was able to access services quickly...	None	3.8	3.7	3.4
Gateway's treatment staff provide me with good care...	None	3.8	3.8	3.5
Gateway is a safe place...	None	3.8	3.8	3.5
Gateway treatment services meet my needs...	None	3.6	3.7	3.5
I understand the goals and objectives in my treatment plan...	None	3.8	3.7	3.6
My life has improved in one or more areas since entering treatment...	None	3.6	3.5	3.5
If a friend were in need of similar help, I would recommend Gateway to them...	None	3.8	3.7	3.5
If I were to seek help again, I would come back to Gateway...	None	3.8	3.7	3.4
I feel safe & comfortable talking with my counselor...	None	3.6	3.7	3.4
<b>Overall Average</b>	NA	3.7	3.7	3.5
<i>Responses: Strongly Agree = 4; Agree = 3; Neither Agree nor Disagree = 2; Disagree = 1; Totally Disagree = 0</i>				



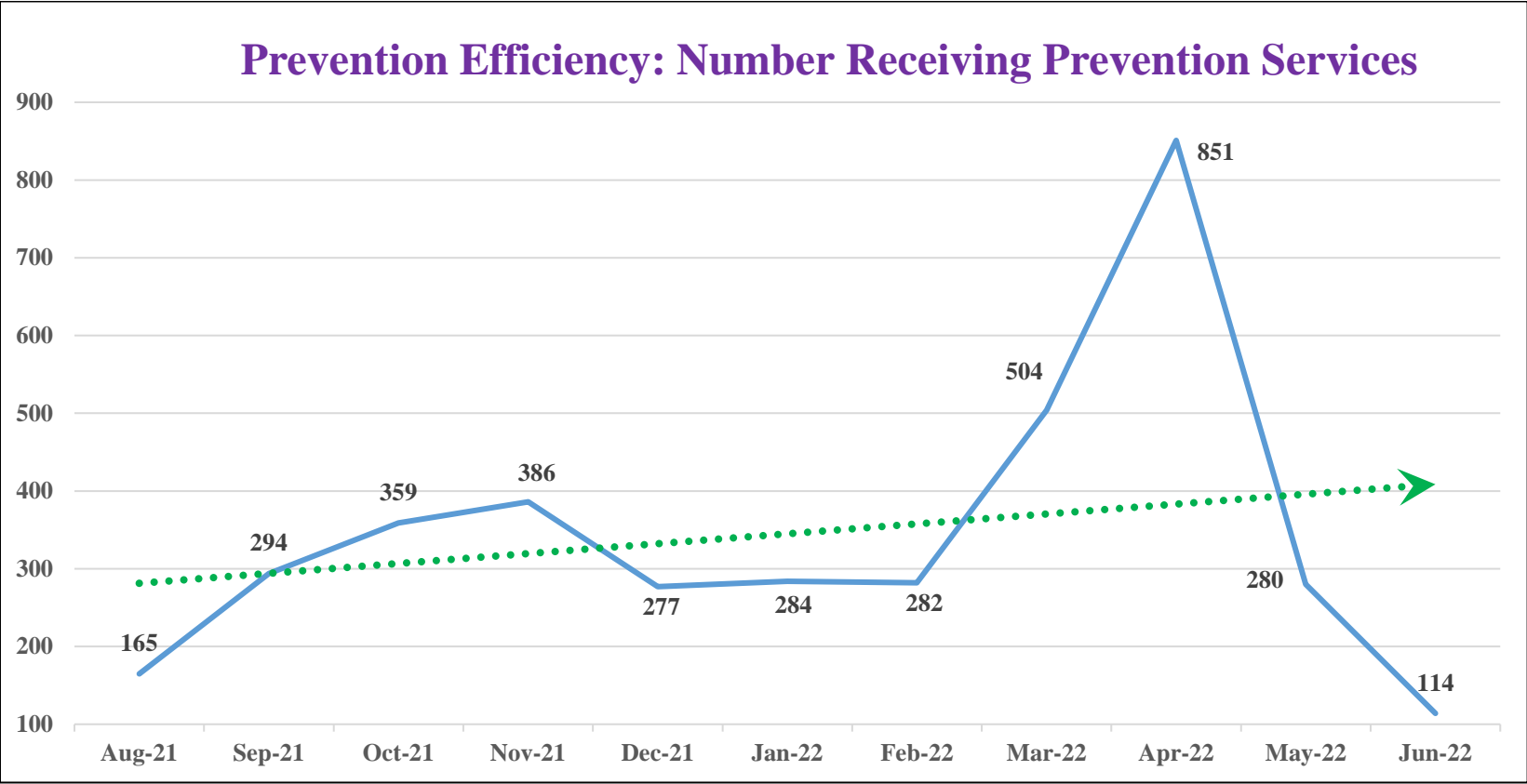
## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



### Prevention Effectiveness: Avg. Pre- / Post-Test Improvement Points

Avg Pre-Test Score	Avg Post-Test Score	Improvement
73.9%	87.1%	13.2%

ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



**Prevention Satisfaction - Overall Satisfaction with Services for FY 2022 = 100%**

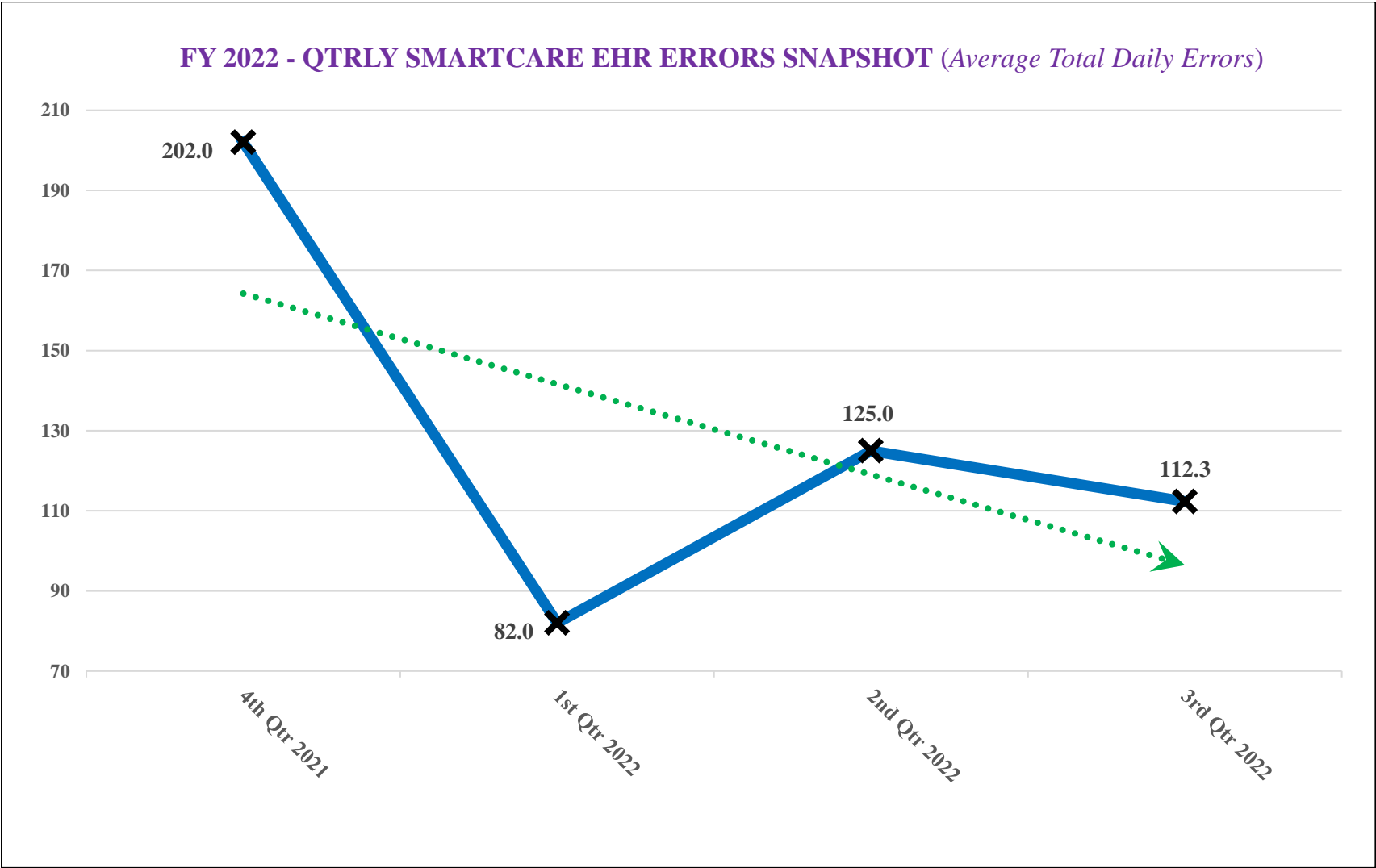
## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

### SMARTCARE ERRORS DASHBOARD *(Number of Daily Errors)*

<i>Green Highlight = &lt; 10   Red Highlight = &gt; 20   NA = Report did not exist...</i>					
<u>Report Name</u>	<u>4th Qtr 2021</u>	<u>1st Qtr 2022</u>	<u>2nd Qtr 2022</u>	<u>3rd Qtr 2022</u>	<u>Average</u>
Program & Bed Errors	2.0	3.0	4.7	2.0	2.9
Missing Diagnosis	1.0	1.0	0.0	0.7	0.7
Missing ASAM	9.0	2.0	8.7	4.3	6.0
Missing Multiple Consents	3.0	0.3	0.0	0.7	1.0
Missing Financial Attestations	8.0	4.7	13.0	11.7	9.3
Patients Missing Outcomes	4.0	9.0	10.0	6.0	7.3
Outcomes w/ Missing-Incorrect Data	4.0	1.3	1.7	1.0	2.0
Staff Service Errors	42.0	9.0	21.0	19.7	22.9
Services Outside of Episodes	54.0	2.7	0.7	6.0	15.8
Procedure Outside of Program	4.0	5.7	20.3	10.0	10.0
In Progress Documents	71.0	43.3	40.0	46.7	50.3
Episodes Missing a Discharge	NA	NA	5.0	2.3	3.7
Patients Needing an Admin DC	NA	NA	0.0	1.3	0.7
<b>Total Average # of Errors</b>	<b>202.0</b>	<b>82.0</b>	<b>125.0</b>	<b>112.3</b>	<b>132.5</b>

*(The goal/objective/target is to average 100 or fewer daily errors.)*

ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

### AVG MONTHLY SUPERVISION by PROGRAM by FISCAL YEAR

<u>FY 2020 Supervision</u>			<u>FY 2021 Supervision</u>			<u>FY 2022 Supervision</u>		
Program/ Service	Total Hours Supervision/ Year	Avg Monthly Hours/ Employee	Program/ Service	Total Hours Supervision/ Year	Avg Monthly Hours/ Employee	Program/ Service	Total Hours Supervision/ Year	Avg Monthly Hours/ Employee
Adolescent OP	39.8	1.2	Adolescent OP	36.0	1.5	Adolescent OP	39.0	1.3
Adol Residential	34.0	0.9	Adol Residential	71.2	2.0	Adol Residential	60.5	1.7
OP Specialty Svcs	349.5	2.5	OP Specialty Svcs	358.0	4.4	OP Specialty Svcs	120.5	2.9
Adult Outpatient	250.4	1.7	Adult Outpatient	456.0	3.4	Adult Outpatient	307.5	4.8
Adult Residential	64.1	0.9	Adult Residential	242.0	3.6	Adult Residential	218.8	3.0
Aftercare/HSS	148.5	2.9	Aftercare/HSS	153.0	3.7	Aftercare/HSS	67.0	1.9
FIS	66.5	0.9	FIS	112.5	1.5	Care Coordination	18.5	3.1
FIT	281.3	1.9	FIT	713.8	4.8	CCBHC/ICS	529.4	4.6
PSC	51.5	1.1	PSC	100.3	1.5	FIS	33.7	0.6
RBS/TRH	95.0	2.9	RBS/TRH	154.5	4.4	FIT	102.3	1.0
Recovery Connect/PSL	120.0	0.7	Recovery Connect/PSL	434.0	1.6	PSC	35.5	0.5
STAR	256.0	3.0	STAR	555.0	7.7	RBS/TRH	106.0	4.4
<b>FY 2020 Averages</b>	<b>146.4</b>	<b>1.7</b>	<b>FY 2021 Averages</b>	<b>282.2</b>	<b>3.3</b>	Recovery Connect/PSL	278.0	1.0
						STAR	490.0	6.4
						<b>FY 2022 Averages</b>	<b>171.9</b>	<b>2.7</b>

# ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

## PEER REVIEWS - AVERAGES BY PROGRAM

FY 2020 Peer & Supervisory Reviews				FY 2021 Peer & Supervisory Reviews				FY 2022 Peer & Supervisory Reviews			
Program	Avg #	Avg Open Score	Avg Closed Score	Program	Avg #	Avg Open Score	Avg Closed Score	Program	Avg #	Avg Open Score	Avg Closed Score
Adolescent OP	5.5	98.3%	98.1%	Adolescent OP	4.3	98.7%	98.8%	Adolescent OP	7.3	98.8%	99.6%
Adol Residential	7.6	97.6%	96.7%	Adol Residential	8.7	97.2%	96.7%	Adol Residential	7.3	97.5%	96.2%
OP Spec Svcs	22.2	98.8%	94.2%	OP Spec Svcs	4.9	93.0%	94.5%	OP Spec Svcs	6.3	97.1%	96.6%
Adult Outpatient	34.2	93.9%	92.5%	Adult Outpatient	32.2	97.1%	96.5%	Adult Outpatient	20.7	94.9%	95.8%
Adult Residential	16.6	87.3%	86.5%	Adult Residential	17.6	88.9%	93.7%	Adult Residential	15.0	92.3%	92.2%
Aftercare/HSS	9.3	85.9%	88.7%	Aftercare/HSS	13.3	88.0%	86.7%	Aftercare/HSS	7.5	90.9%	83.3%
FIS	12.2	99.4%	99.0%	FIS	11.3	91.3%	98.9%	Care Coord	2.5	99.3%	98.2%
FIT	10.6	96.5%	97.3%	FIT	9.8	97.3%	97.6%	CCBHC/ICS	6.3	96.7%	96.7%
PSC	7.4	93.6%	92.0%	PSC	6.9	97.0%	93.0%	FIS	6.6	99.4%	72.5%
STAR	8.1	87.3%	82.3%	STAR	7.2	94.0%	89.1%	FIT	5.9	97.6%	95.6%
<b>FY 2020 Averages</b>	<b>13.4</b>	<b>93.9%</b>	<b>92.7%</b>	<b>FY 2021 Averages</b>	<b>11.6</b>	<b>94.2%</b>	<b>94.5%</b>	PSC	4.3	97.8%	98.3%
								STAR	6.0	94.8%	93.7%
								<b>FY 2022 Averages</b>	<b>8.0</b>	<b>96.4%</b>	<b>93.2%</b>

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

### MEDICAL PEER REVIEWS

<u>Year</u>	<u># Reviews</u>	<u># Errors</u>
FY 2018	24	0
FY 2019	44	0
FY 2020	58	0
FY 2021	139	1
FY 2022	111	0
<b>Total</b>	<b>376</b>	<b>1</b>
<b>Average</b>	<b>75.2</b>	<b>0.2</b>



#### **Rico Bodin**

Gateway's Transformation Team continues to finalize the Plan for this fiscal year. The new surveys will be released from LSF in October 2022 and should be repeated soon thereafter. The Transformation Team is currently seeking a new champion, in the spirit of rotation, for the upcoming period.

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

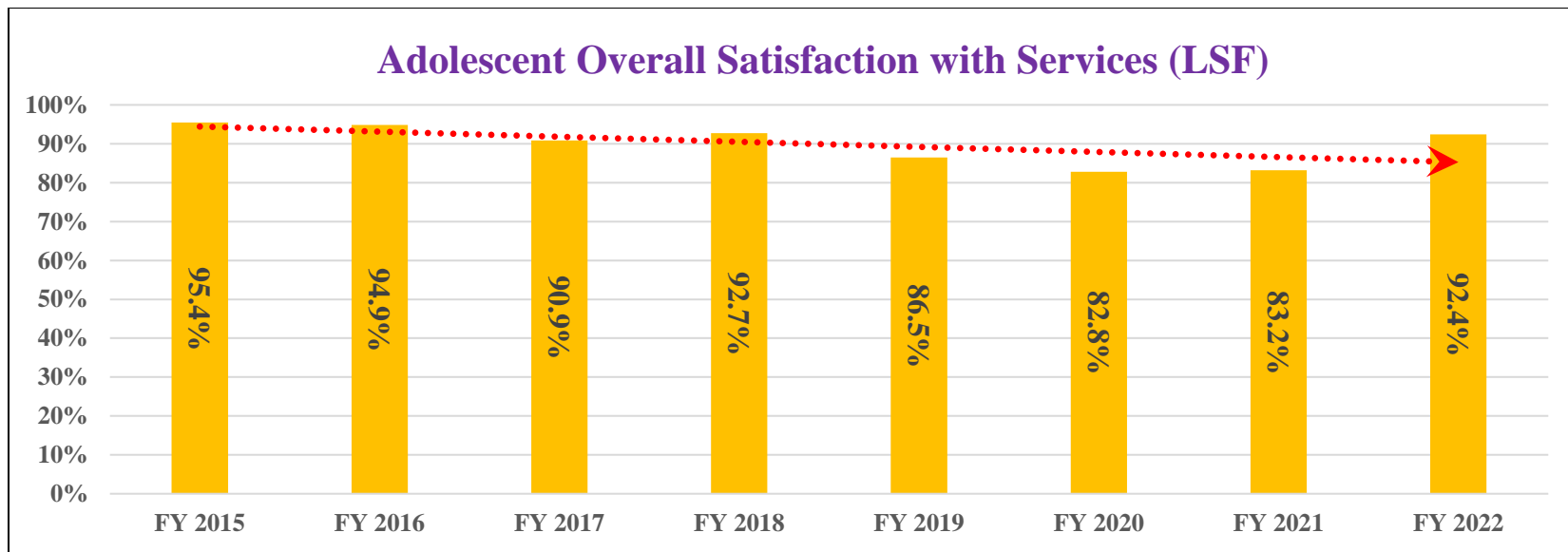
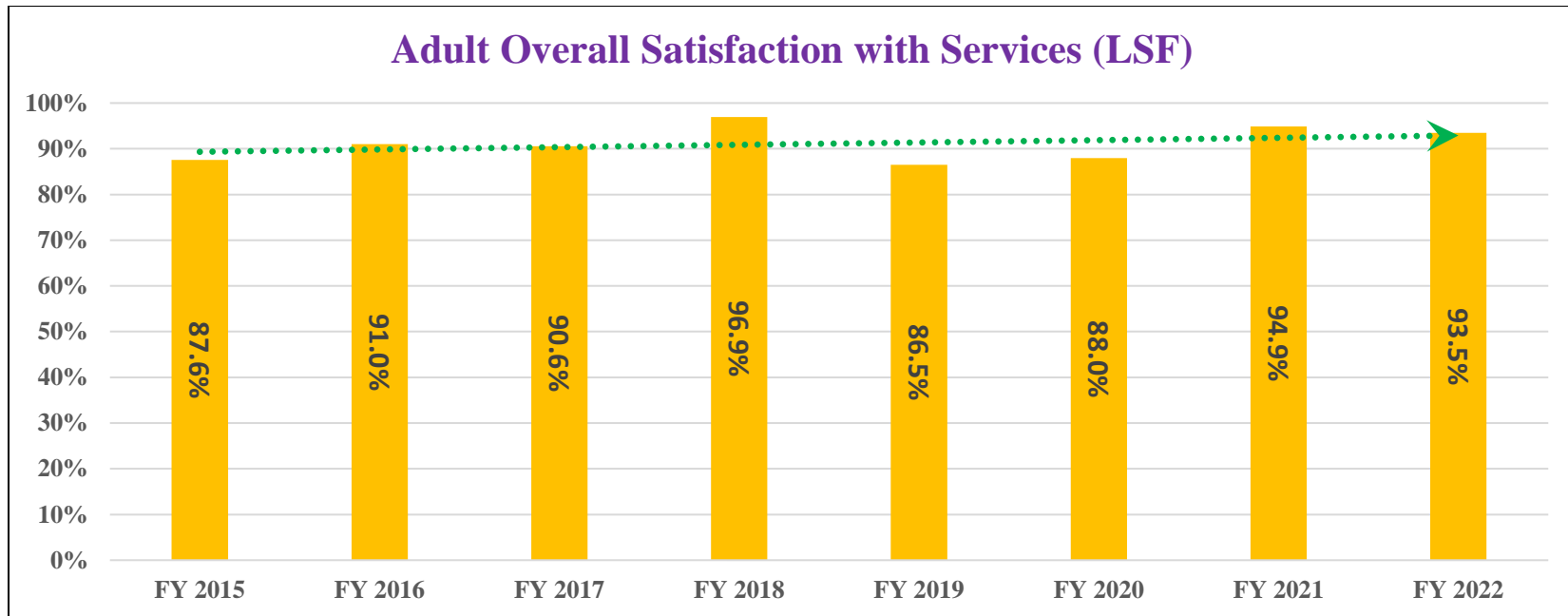
LSF CONTRACTUALLY-MANDATED PATIENT SATISFACTION SURVEY RESULTS - Adolescents									
<i>Green = Above 90 %</i>					<i>Red = Below 80%</i>				
<u>Adolescent SUD</u>	<u>1st Qtr FY 2022</u>		<u>2nd Qtr FY 2022</u>		<u>3rd Qtr FY 2022</u>		<u>4th Qtr FY 2022</u>		<u>ANNUAL TOTAL</u>
<u>Target # of Surveys</u>	<u># Surveys Submitted</u>	<u>% Surveys Submitted</u>	<u># Surveys Submitted</u>	<u>% Surveys Submitted</u>	<u># Surveys Submitted</u>	<u>% Surveys Submitted</u>	<u># Surveys Submitted</u>	<u>% Surveys Submitted</u>	52.8%
27 per Quarter (108 Annually)	15	55.60%	19	70.40%	14	51.90%	9	51.90%	57
<u>Domains</u>	<u>Mean Scores</u>	<u>% Satisfied</u>	<u>Mean Scores</u>	<u>% Satisfied</u>	<u>Mean Scores</u>	<u>% Satisfied</u>	<u>Mean Scores</u>	<u>% Satisfied</u>	<u>ANNUAL AVG</u>
General Satisfaction	4	80.0%	4.2	84.2%	4.1	100.0%	4.2	88.9%	88.3%
Access to Care	3.8	66.7%	4.1	84.2%	4.1	92.9%	4.2	100.0%	86.0%
Involvement in Tx.	4	80.0%	4.1	79.0%	4	92.9%	4.0	88.9%	85.2%
Functional Satisfaction	4	80.0%	4.3	84.2%	4.1	92.9%	4.3	100.0%	89.3%
Outcome of Care	4	80.0%	4.2	79.0%	4.1	100.0%	3.8	88.9%	87.0%
Social Connectedness	4	80.0%	4.2	89.5%	3.8	78.6%	3.9	88.9%	<u>ANNUAL AVG</u>
<u>% Overall Satisfaction</u>	80.0%		89.5%		100.0%		100.0%		92.4%

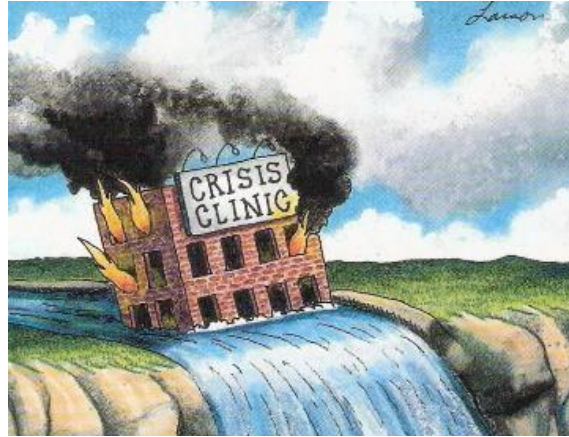


## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

LSF CONTRACTUALLY-MANDATED PATIENT SATISFACTION SURVEY RESULTS - Adults									
Green = Above 90 %					Red = Below 80%				
Adult SUD	1st Qtr FY 2022		2nd Qtr FY 2022		3rd Qtr FY 2022		4th Qtr FY 2022		ANNUAL TOTAL
Target # of Surveys	# Surveys Submitted	% Surveys Submitted	# Surveys Submitted	% Surveys Submitted	# Surveys Submitted	% Surveys Submitted	# Surveys Submitted	% Surveys Submitted	99.4%
80/Qtr (320 Annually)	98	122.5%	66	82.5%	64	80.0%	90	112.5%	318
Domains	Mean Scores	% Satisfied	Mean Scores	% Satisfied	Mean Scores	% Satisfied	Mean Scores	% Satisfied	ANNUAL AVG
General Satisfaction	4.2	91.9%	4.1	89.2%	4.4	90.6%	4.3	88.6%	90.1%
Access to Care	4.2	89.8%	4.2	86.2%	4.5	93.8%	4.2	88.3%	89.5%
Involvement in Tx.	4.1	85.9%	4.2	81.8%	4.6	90.6%	4.4	90.0%	87.1%
Functional Satisfaction	4.2	89.8%	4.2	84.4%	4.4	90.6%	4.2	85.1%	87.5%
Quality of Care	4.3	91.6%	4.1	83.3%	4.3	91.9%	4.3	85.6%	88.1%
Outcome of Care	2.2	90.6%	4.3	93.8%	4.5	96.8%	4.4	94.4%	93.9%
Social Connectedness	4	73.5%	4	77.3%	4.2	84.4%	4.2	78.9%	ANNUAL AVG
% Overall Satisfaction	92.9%		90.9%		96.9%		93.3%		93.5%

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022





# Evaluations of Emergency Plans *and* Facility Safety Inspections Noel Orona

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

Evaluations of Disaster Plans (Drills) - 2021												
<u>Facility</u>	<u>Shift</u>	<u>Bombs</u>	<u>Hazmat</u>	<u>Hurricane</u>	<u>Medical</u>	<u>Tornado</u>	<u>Utility Failure</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>	1 <sup>st</sup>	04/28/21	07/14/21	07/14/21	12/02/21	12/02/21	12/02/21	01/28/21	01/28/21	05/01/21	09/23/21	12/02/21
	2 <sup>nd</sup>	04/28/21	07/14/21	07/14/21	12/02/21	12/02/21	12/02/21	01/28/21	01/28/21	05/01/21	09/23/21	12/02/21
	3 <sup>rd</sup>	04/28/21	07/14/21	07/14/21	12/02/21	12/02/21	12/02/21	01/28/21	01/28/21	05/01/21	09/23/21	12/02/21
<u>Detox</u>	1 <sup>st</sup>	01/06/21	01/06/21	01/06/21	01/06/21	01/06/21	01/06/21	01/06/21	01/06/21	04/21/21	07/28/21	11/27/21
	2 <sup>nd</sup>	01/12/21	01/01/21	01/07/21	01/26/21	01/12/21	01/02/21	01/05/21	01/12/21	06/03/21	07/28/21	11/27/21
<u>Front Lobby</u>	1 Shift	01/12/21	01/12/21	01/12/21	01/12/21	01/12/21	01/12/21	01/12/21	01/12/21	04/09/21	09/01/21	12/15/21
<u>Adult OP</u>	1 Shift	01/25/21	01/25/21	10/18/21	01/25/21	11/22/21	12/20/21	01/25/21	01/25/21	05/03/21	09/20/21	11/10/21
<u>Medical</u>	1 Shift	02/11/21	02/11/21	03/29/21	03/30/21	03/30/21	06/08/21	03/15/21	03/15/21	04/12/21	09/20/21	12/14/21
<u>Annex</u>	1 Shift	02/10/21	02/10/21	03/09/21	05/25/21	03/09/21	07/15/21	12/02/21	04/09/21	05/25/21	07/15/21	12/01/21
<u>Lexington</u>	1 Shift	05/03/21	05/04/21	06/22/21	12/14/21	12/16/21	01/13/21	12/21/21	01/15/21	05/03/21	09/30/21	12/14/21
<u>BRC</u>	1 <sup>st</sup>	04/11/21	03/22/21	07/08/21	05/26/21	06/25/21	01/12/21	08/06/21	01/12/21	04/11/21	07/08/21	10/06/21
	2 <sup>nd</sup>	04/29/21	03/07/21	07/06/21	06/03/21	06/29/21	01/30/21	09/09/21	01/30/21	04/29/21	07/06/21	10/09/21
	3 <sup>rd</sup>	04/29/21	03/30/21	07/01/21	05/31/21	07/01/21	01/27/21	09/12/21	01/27/21	04/29/21	07/01/21	10/03/21
<u>GRC</u>	1 <sup>st</sup>	04/07/21	03/09/21	07/07/21	05/04/21	06/25/21	01/09/21	08/07/21	01/08/21	04/07/21	07/07/21	10/07/21
	2 <sup>nd</sup>	04/27/21	03/09/21	07/07/21	05/26/21	06/25/21	01/22/21	09/24/21	01/19/21	04/27/21	07/07/21	10/08/21
	3 <sup>rd</sup>	04/28/21	03/07/21	07/05/21	05/02/21	06/05/21	01/19/21	09/18/21	01/09/21	04/28/21	07/06/21	10/08/21
<u>AH/IV/FH</u>	1 <sup>st</sup>	04/21/21	03/10/21	06/25/21	05/12/21	06/25/21	01/13/21	02/10/21	01/13/21	04/21/21	07/07/21	10/06/21
	2 <sup>nd</sup>	04/28/21	03/24/21	06/25/21	05/15/21	06/25/21	01/20/21	02/24/21	01/20/21	04/28/21	07/18/21	10/27/21
<u>Administration</u>	1 Shift	11/30/21	04/30/21	05/18/21	03/30/21	05/18/21	03/30/21	11/30/21	03/11/21	05/06/21	09/21/21	12/07/21

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

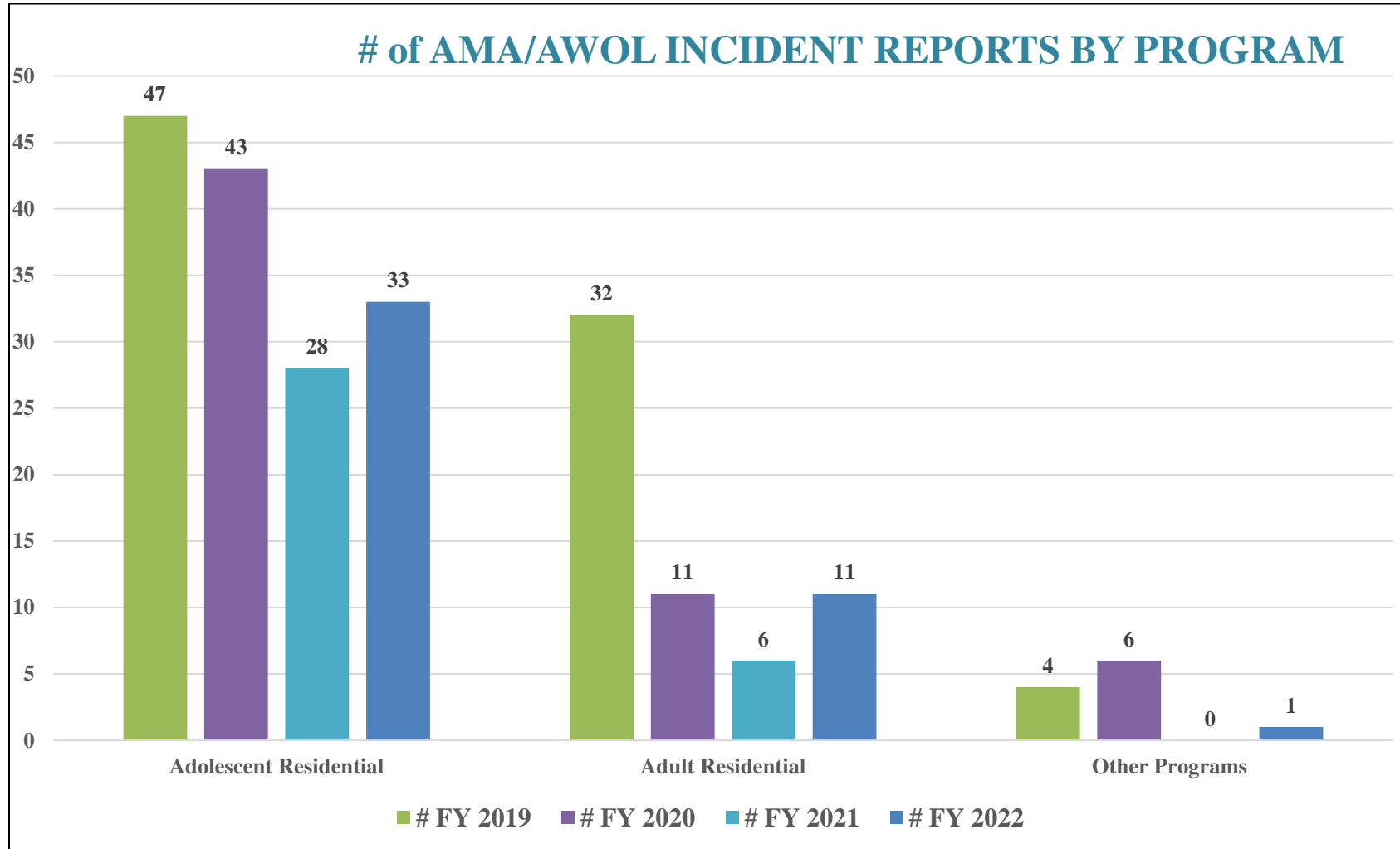
Environmental Safety Inspections - 2021					
<u>Facility</u>	<u>Shift</u>	<u>Qtr 1</u>	<u>Qtr 2</u>	<u>Qtr 3</u>	<u>Qtr 4</u>
<u>Stockton</u>	Shift 1	03/27/21	05/01/21	09/17/21	12/28/21
	Shift 2	03/27/21	05/03/21	09/17/21	12/29/21
	Shift 3	03/27/21	05/01/21	09/23/21	12/28/21
<u>Detox</u>	Shift 1	01/19/21	04/21/21	07/28/21	11/27/21
	Shift 2	01/20/21	06/03/21	07/28/21	11/27/21
<u>Front Lobby</u>	1 Shift	03/31/21	06/08/21	09/28/21	12/06/21
<u>Adult OP</u>	1 Shift	02/09/21	04/28/21	09/27/21	12/09/21
<u>Annex</u>	1 Shift	03/31/21	06/08/21	09/28/21	12/06/21
<u>Lexington</u>	1 Shift	02/08/21	05/04/21	09/30/21	12/21/21
<u>BRC</u>	Shift 1	01/12/21	04/11/21	07/08/21	11/10/21
	Shift 2	01/30/21	04/29/21	07/06/21	10/09/21
	Shift 3	01/27/21	04/29/21	07/01/21	11/10/21
<u>GRC</u>	Shift 1	01/08/21	04/07/21	07/07/21	10/07/21
	Shift 2	01/22/21	04/27/21	07/07/21	11/18/21
	Shift 3	01/09/21	04/28/21	07/05/21	10/08/21
<u>AH/IV/FH</u>	Shift 1	01/13/21	04/21/21	08/05/21	10/06/21
	Shift 2	01/20/21	04/28/21	07/18/21	10/23/21
<u>Administration</u>	1 Shift	02/09/21	04/28/21	09/27/21	12/09/21

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

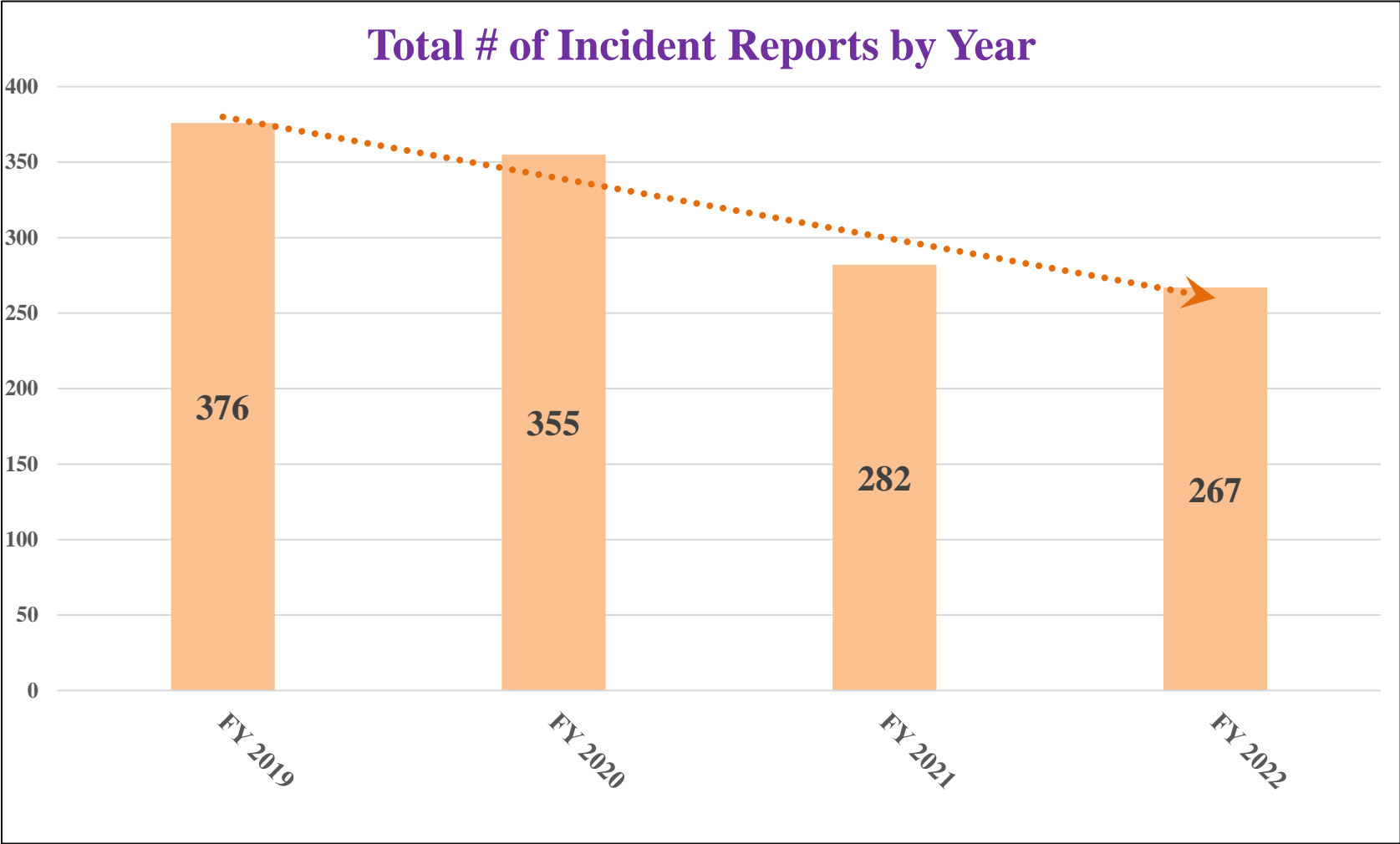


**Noel Orona and MW Bennett**

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

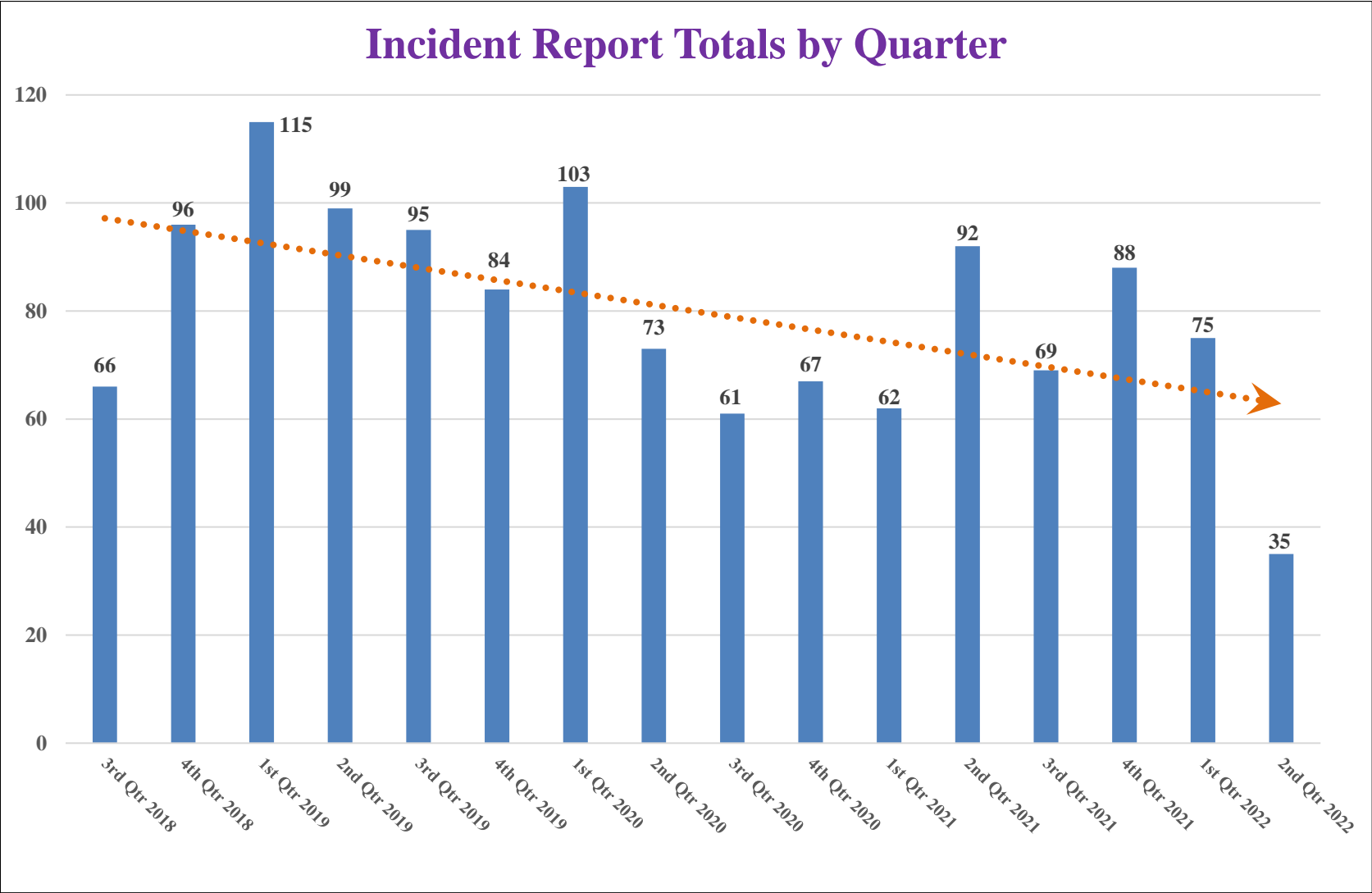


ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



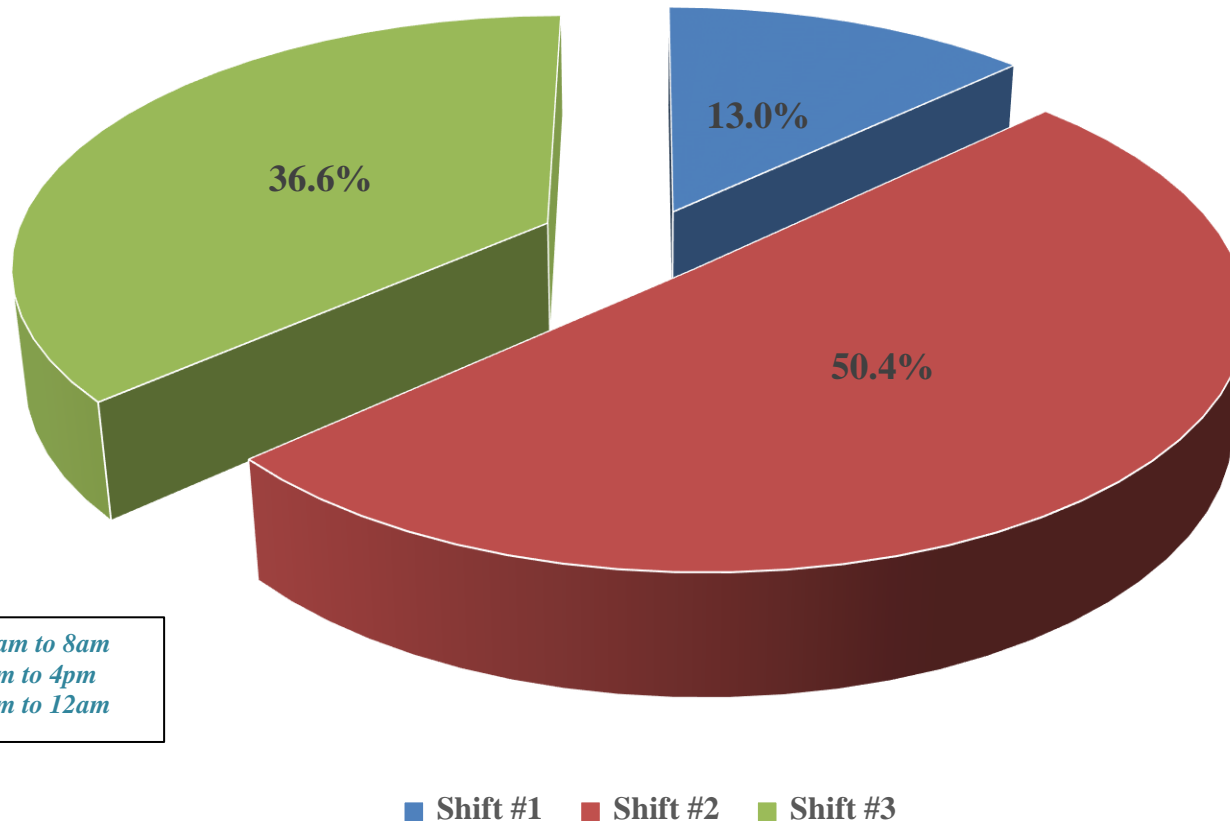


ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



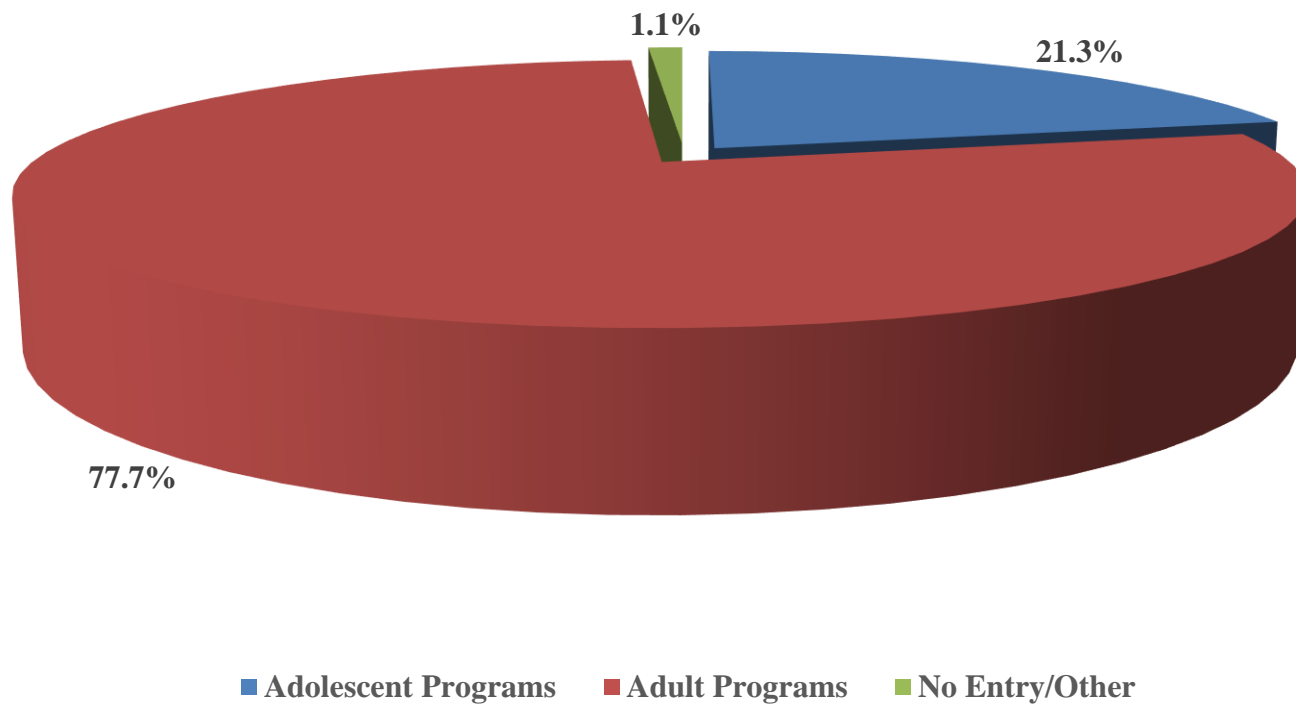
## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

**% of Incident Reports by Shift - FY 2019 - FY 2022**



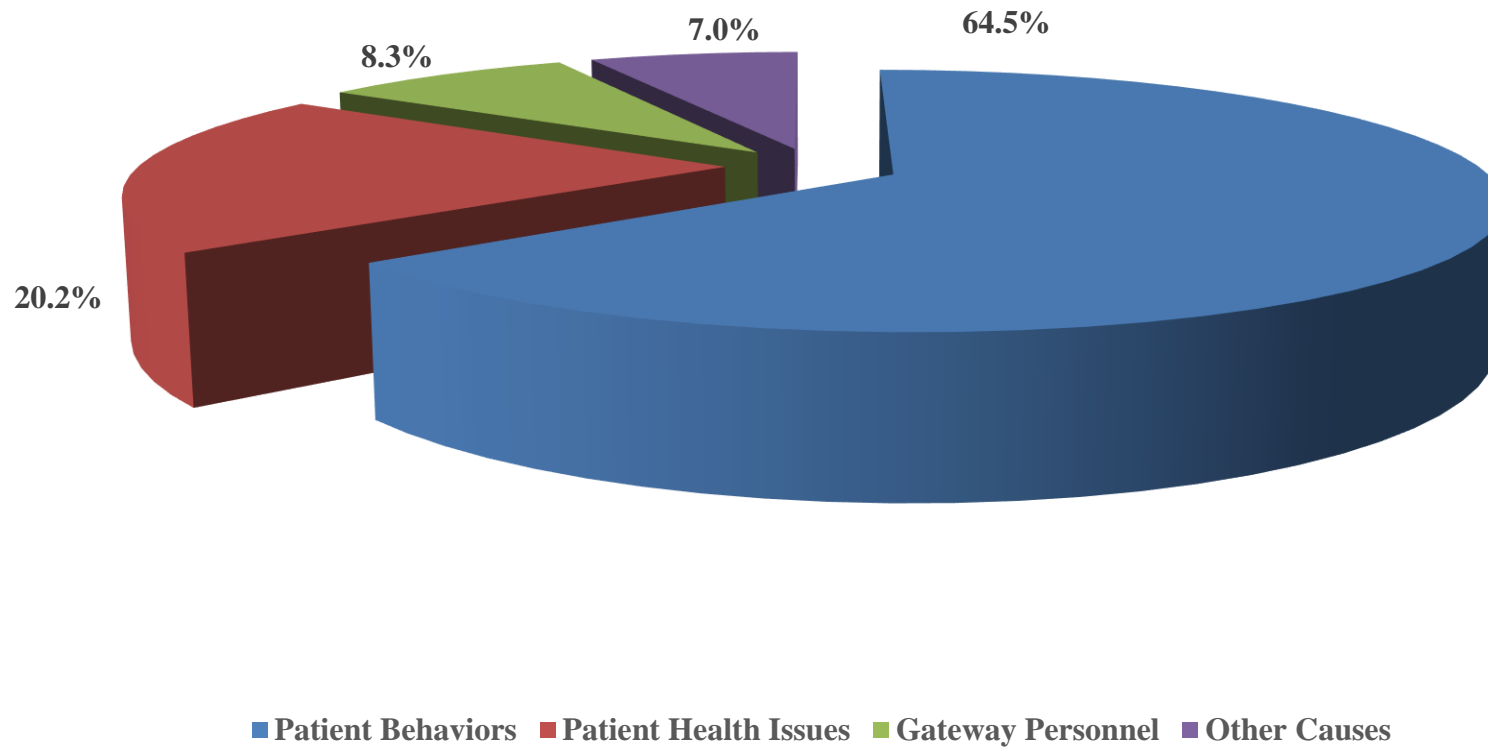
## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

### ADOLESCENT vs. ADULT PROGRAM INCIDENT REPORTS (FY 2019 to FY 2022)

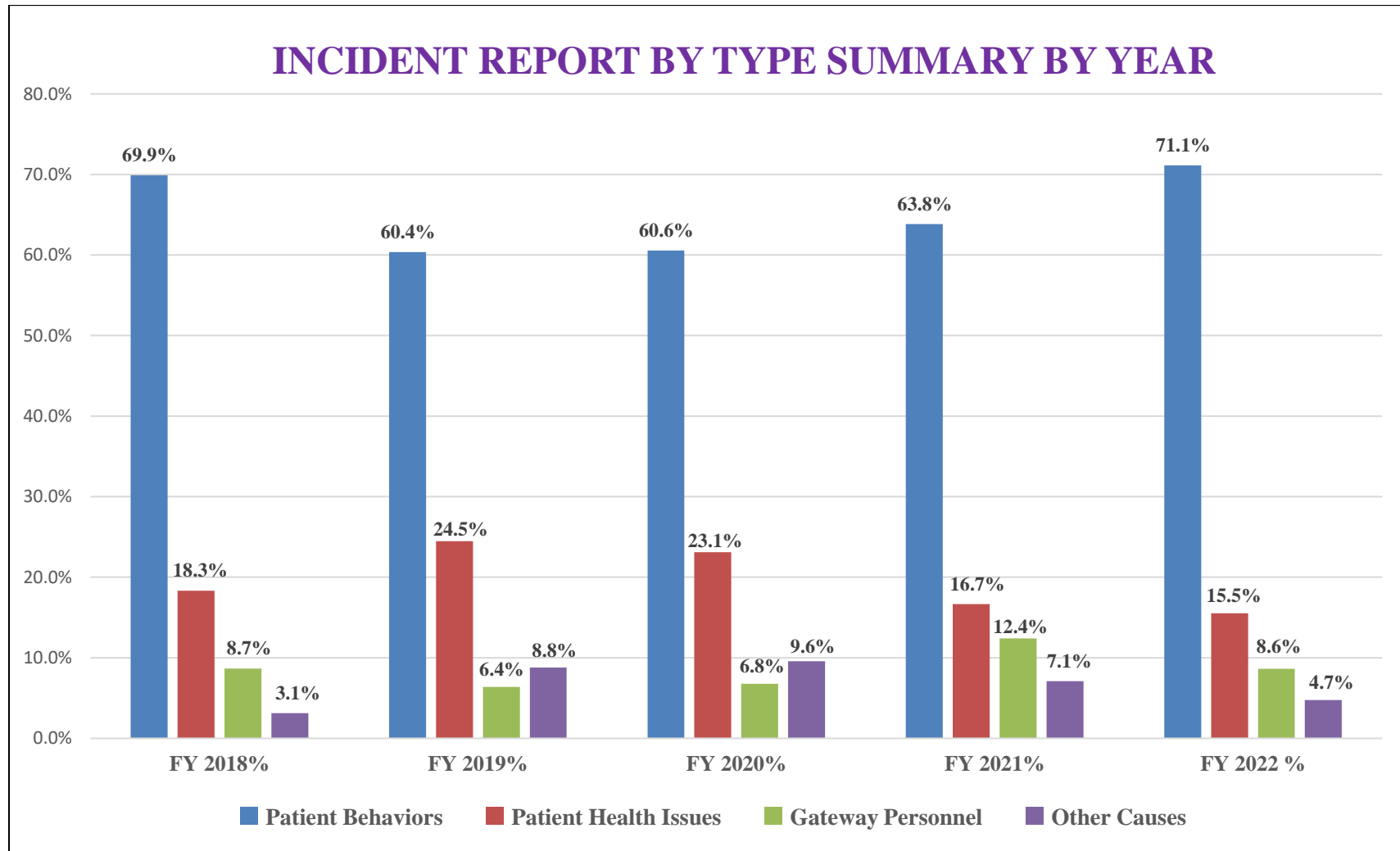


## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

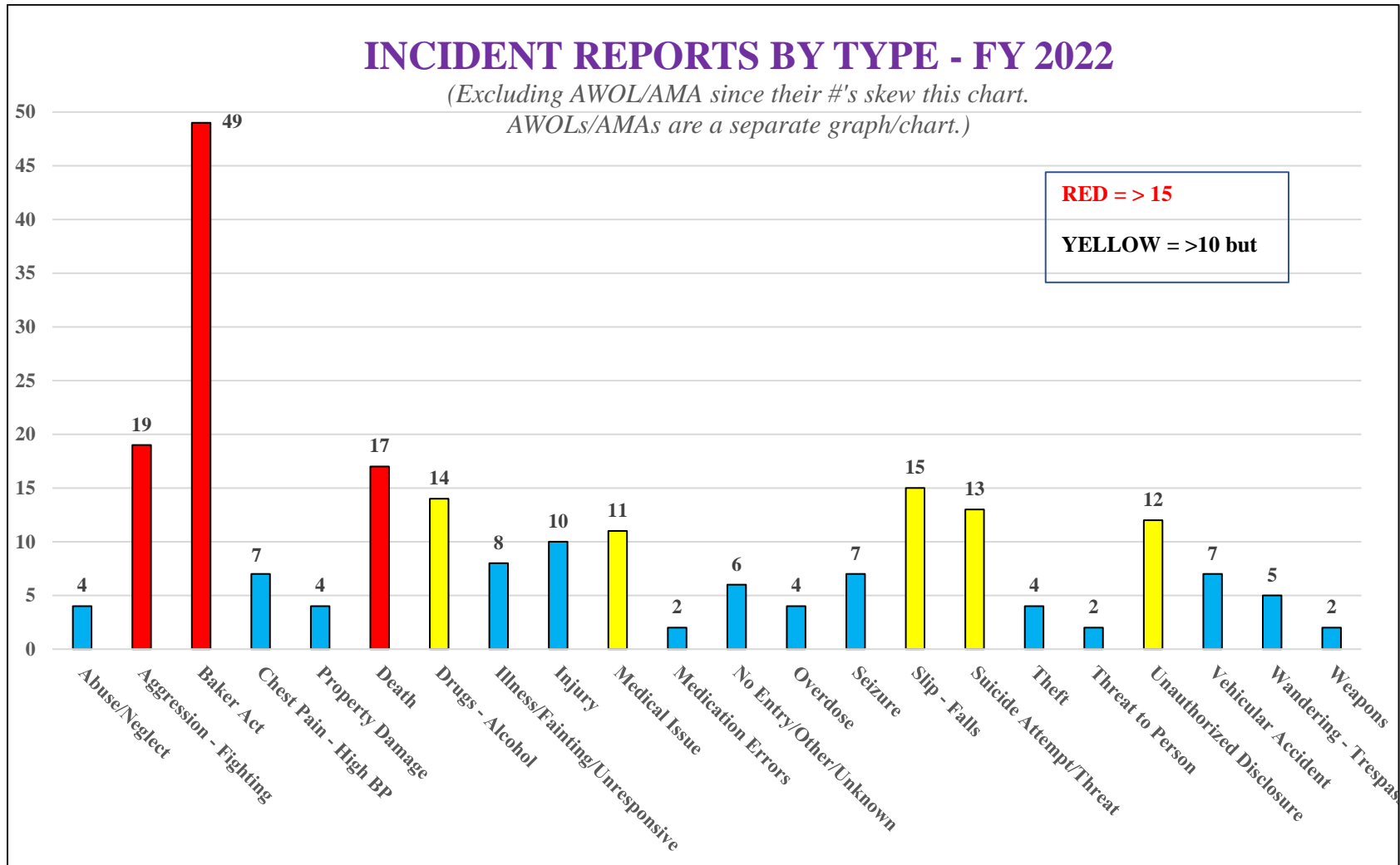
### INCIDENT CLASSIFICATION SUMMARY - AVERAGE ALL YEARS



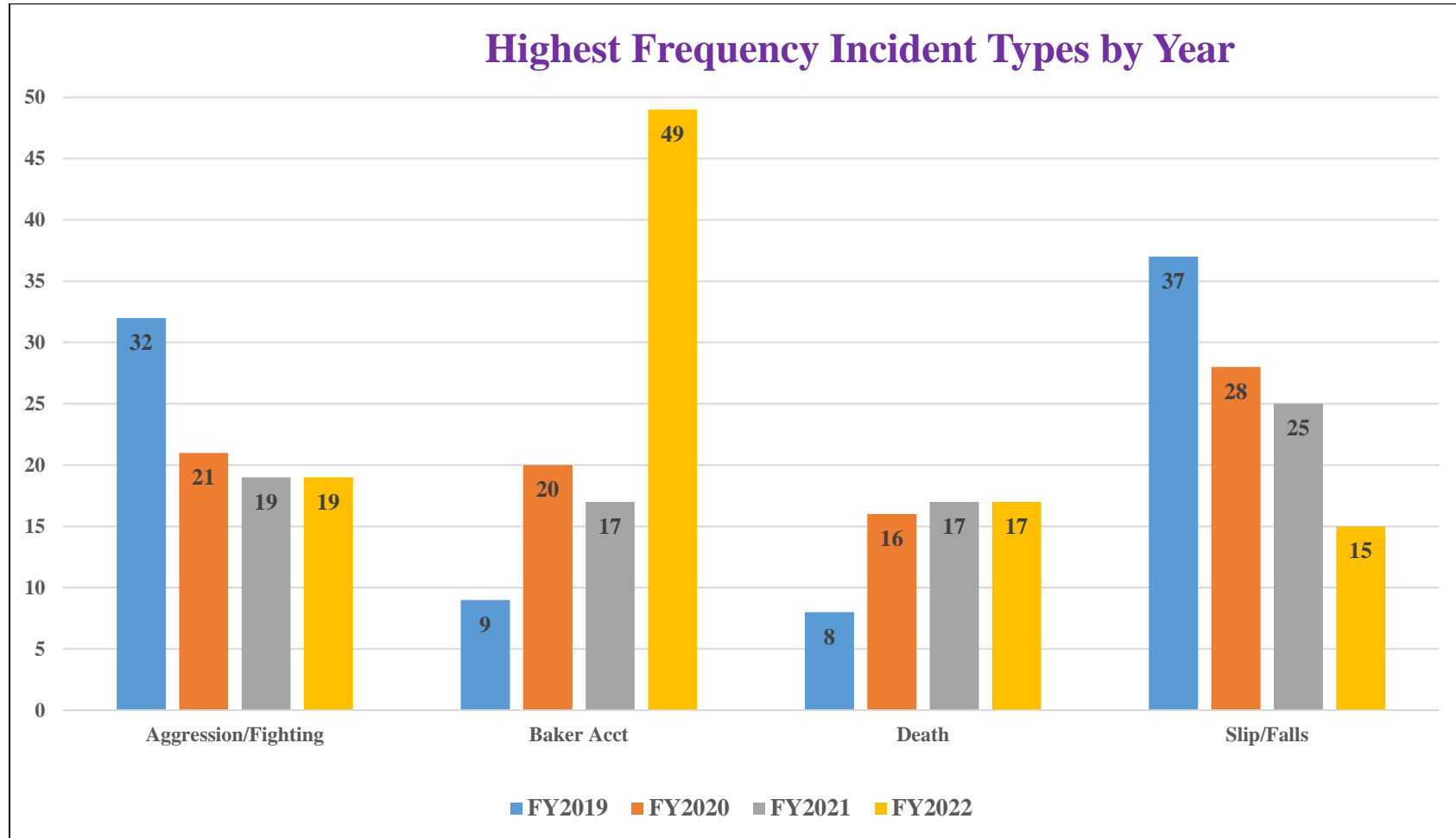
## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



# ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

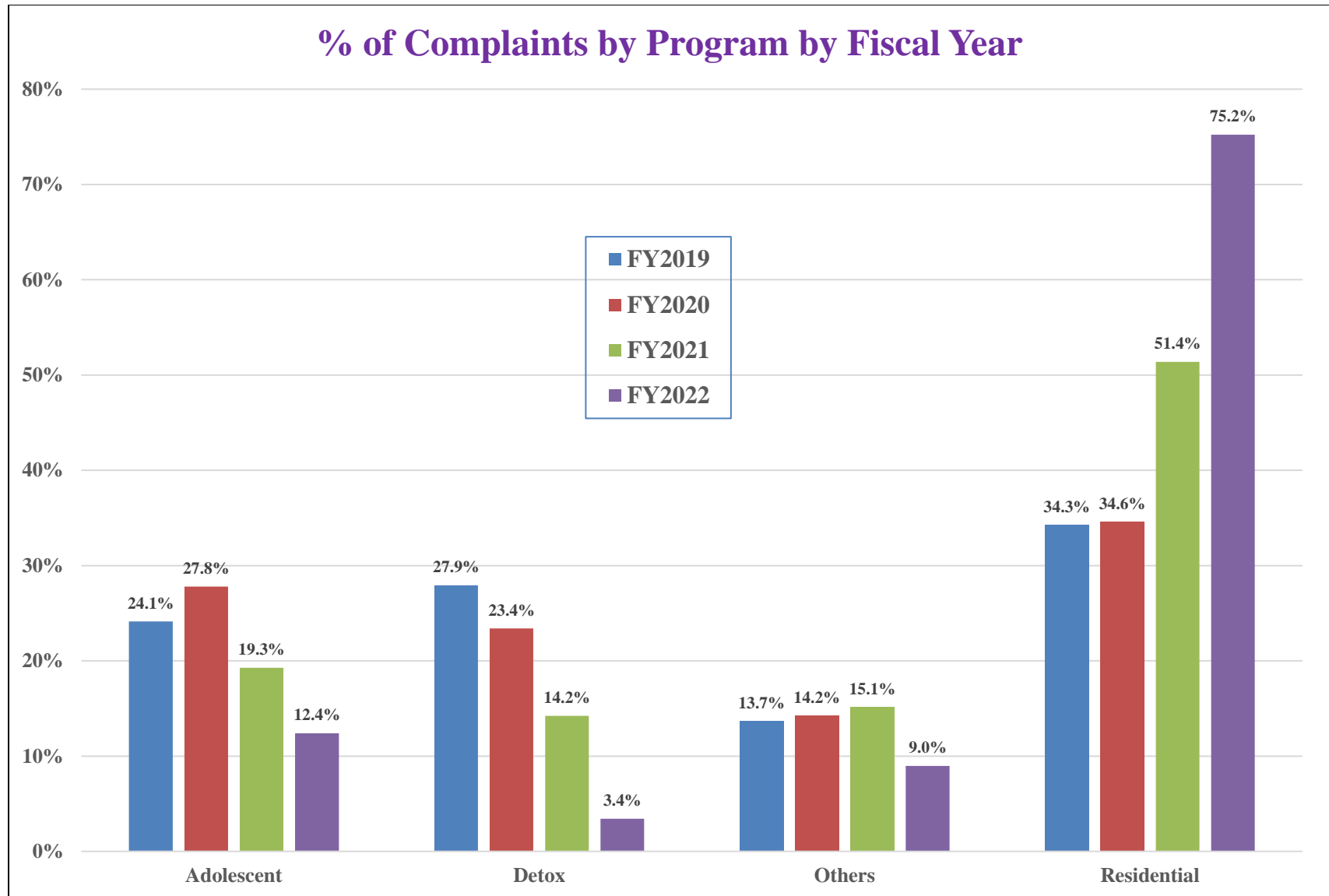




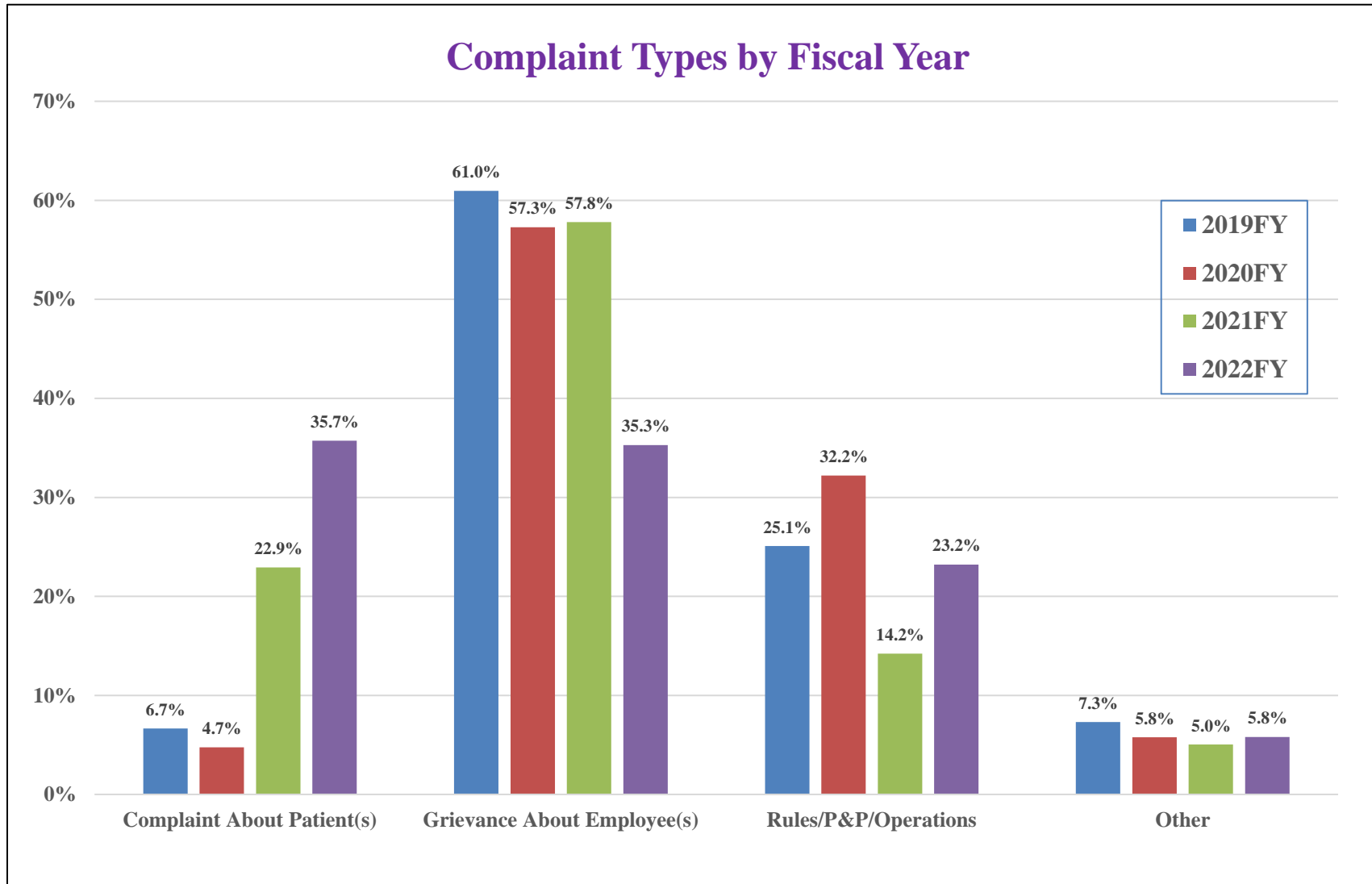
**PATIENT COMPLAINTS**  
**PATIENT SUGGESTIONS**  
*and*  
**PATIENT PRAISE REPORTS**



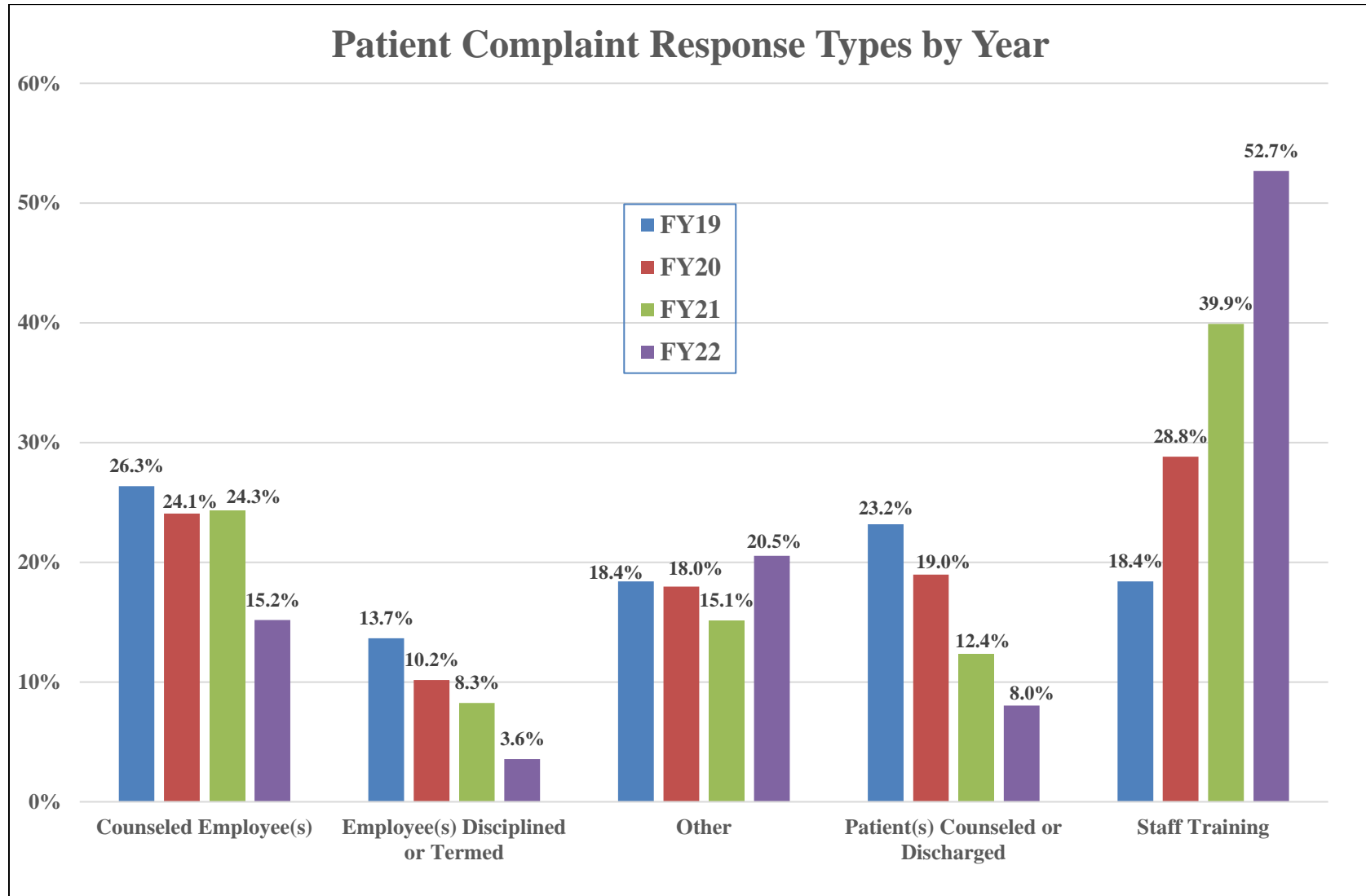
## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



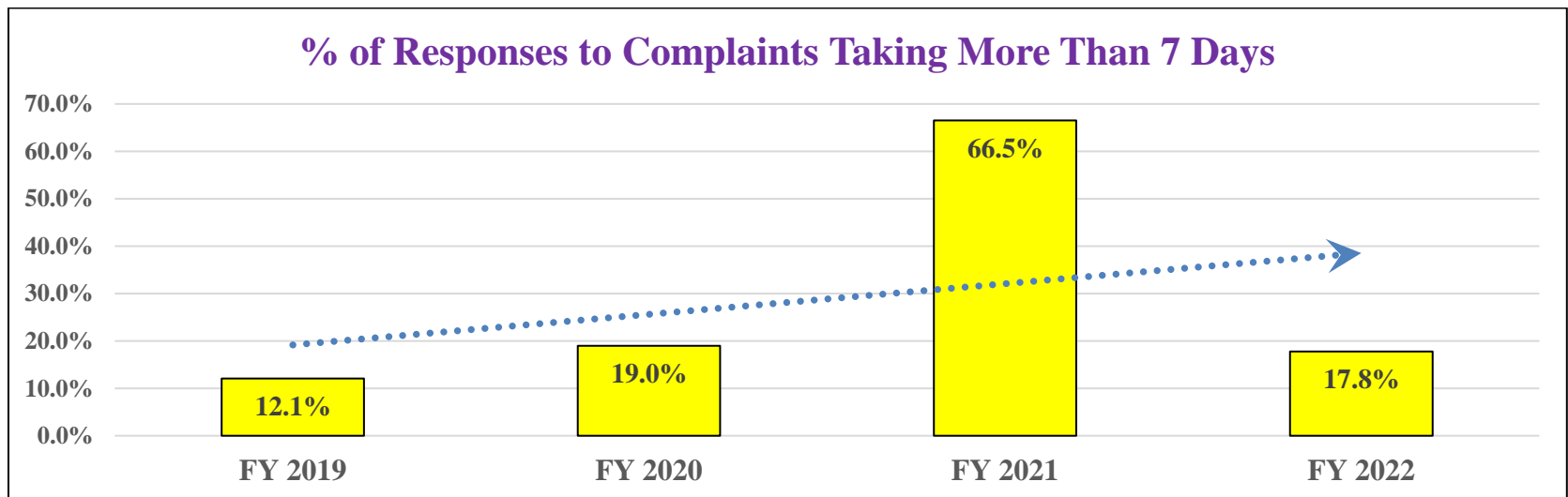
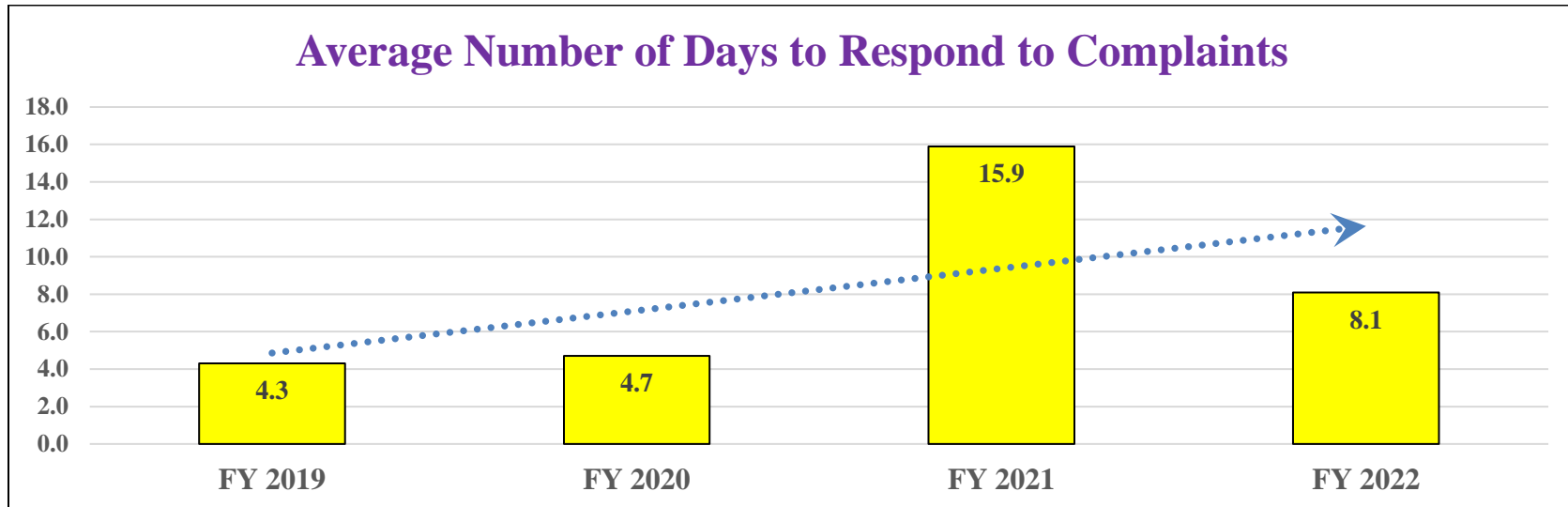
## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



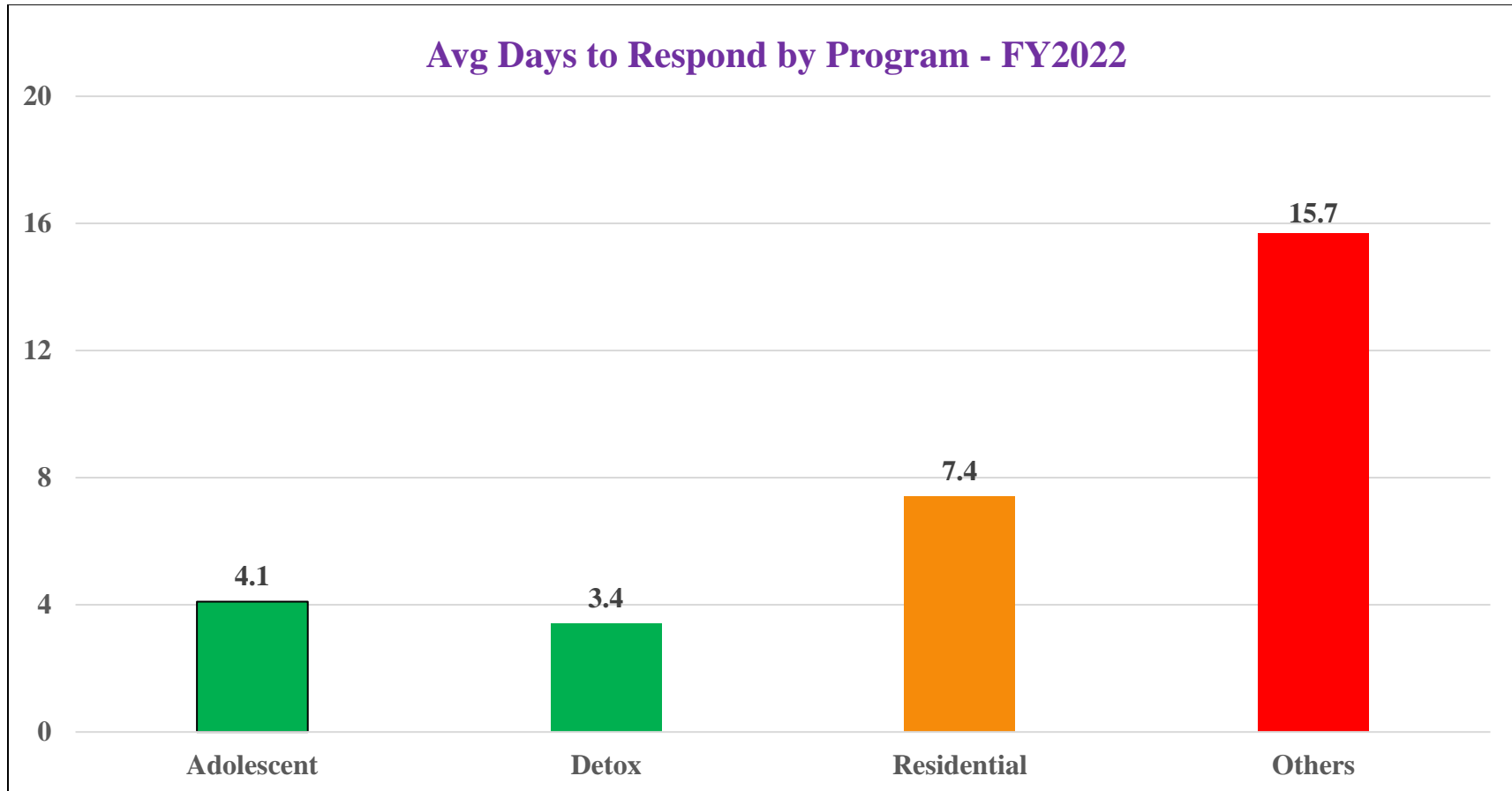
## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

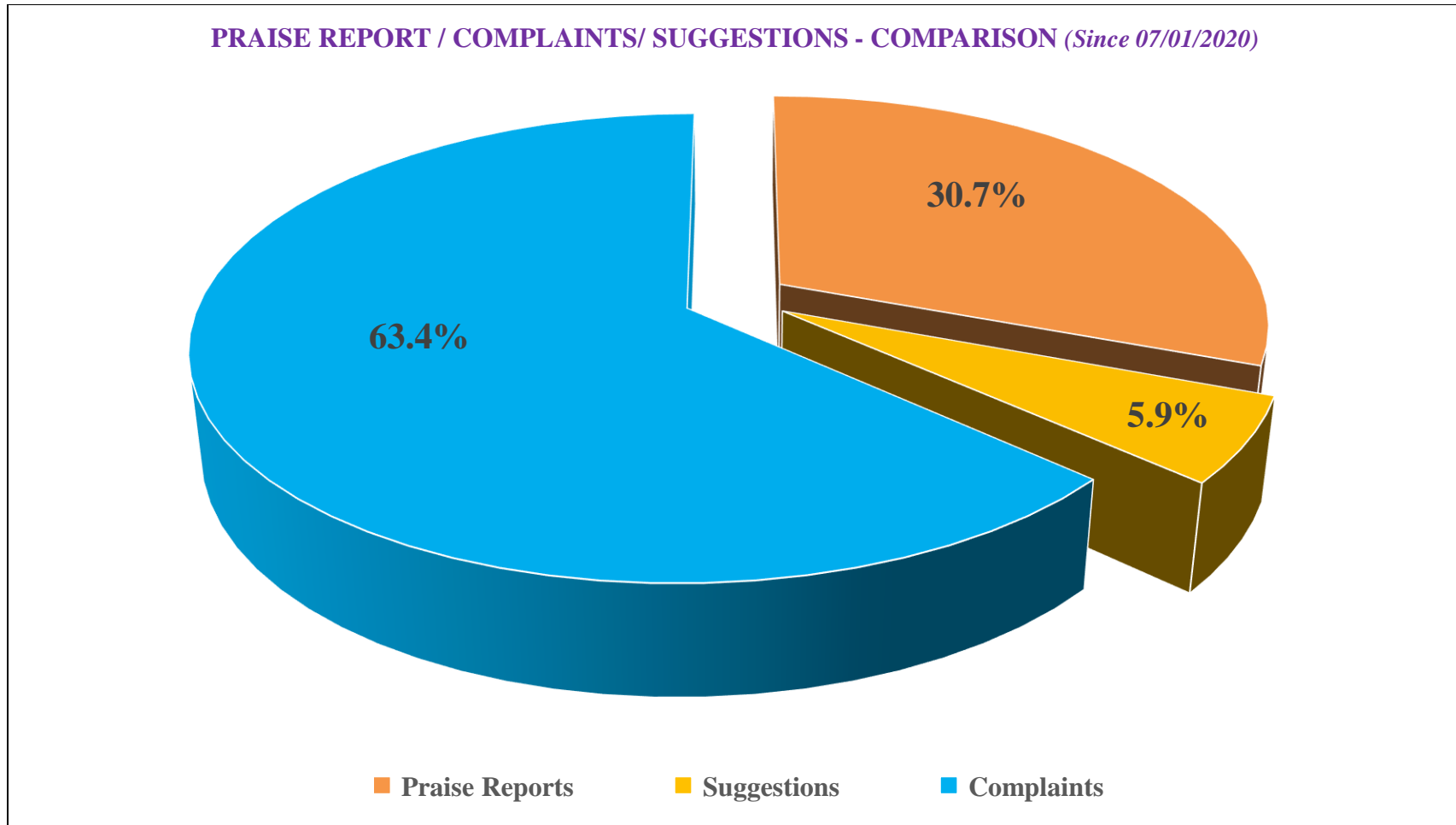


## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



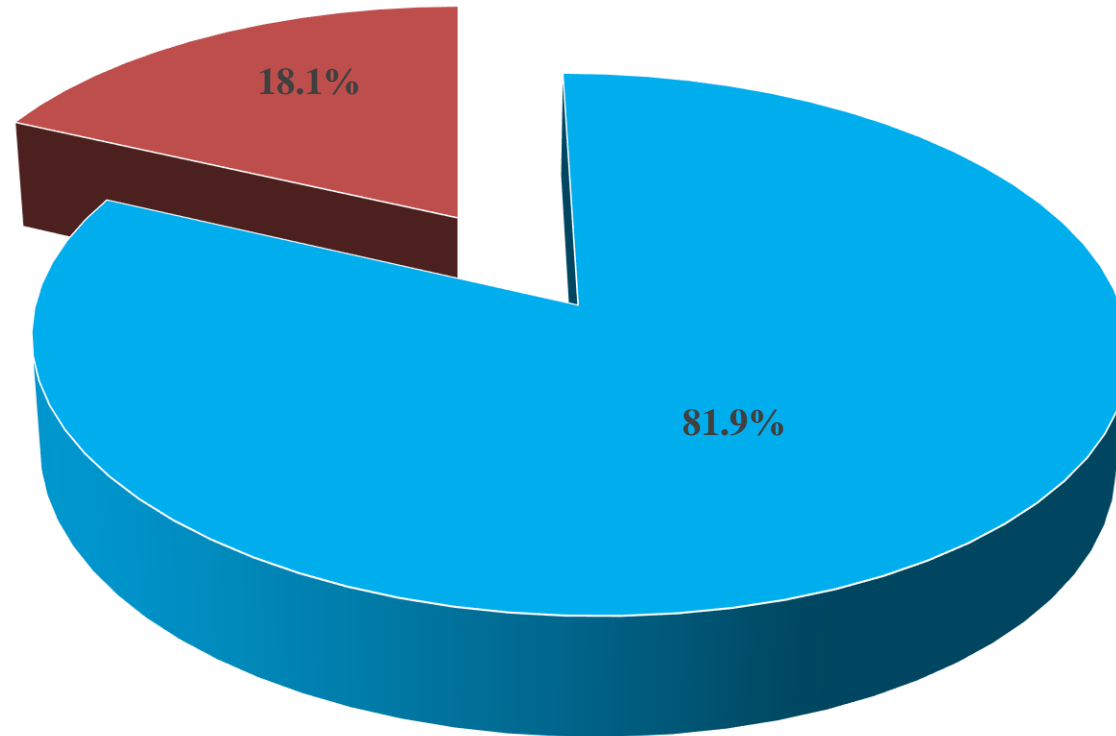
*Other programs include: Aftercare, RBS, TRH, Adult OP, AH-IV-FH, etc. –Target:  $\leq 7$  days.*

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

### PRAISE REPORTS - CATEGORIES *(Since 07/01/2020)*



■ Employee Praise ■ Other

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

The logo for Relias Learning, featuring the word "RELIAS" in a serif font, followed by a vertical bar, and then the word "LEARNING" in a sans-serif font, all in white text on a green rectangular background.

RELIAS | LEARNING

### **Relias Courses Completed, 07/01/2021 through 06/30/2022:**

- **5,611 Training Courses Completed**
- **4,173.46 Training Hours Completed**
- **77.7% of Courses Completed on Time**



## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

### GATEWAY PATIENT OUTCOMES FOLLOWING DISCHARGE

<u>Question</u>		<u>2021</u>	<u>2022</u>
<b>Q1</b>	% Report satisfaction with the services they received...	86.5%	<b>80.7%</b>
<b>Q2</b>	% Report that services were helpful in achieving their goals...	72.3%	<b>66.0%</b>
<b>Q3</b>	% Report being confident in their ability to remain clean & sober...	63.9%	<b>68.0%</b>
<b>Q4</b>	% Report no alcohol or drug use in the last 30 days...	83.9%	<b>73.3%</b>
<b>Q5</b>	% Report full- or part-time employment...	43.8%	<b>52.7%</b>
<b>Q6</b>	% Report "excellent" or "great" recovery progress...	50.9%	<b>60.7%</b>
<b>Q7</b>	<b>% Report that they continue to attend AA, NA or other recovery meetings...</b>	21.9%	<b>54.7%</b>
<b>Q8</b>	<b>% Report no arrests since entering treatment...</b>	91.0%	<b>66.3%</b>

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

### GATEWAY EMPLOYEE OUTCOMES: FY 2021-2022

<u>Measure</u>	<u>FY 2021</u>	<u>FY 2022</u>
New Hires	106	130
Left Gateway Employment	90	136
Average Turnover Rate	30.0%	45.3%

<u>New Hires</u>	<u>FY 2020-2021</u>	<u>FY 2021-2022</u>
Female	78.3%	83.8%
Non-White	48.1%	55.4%

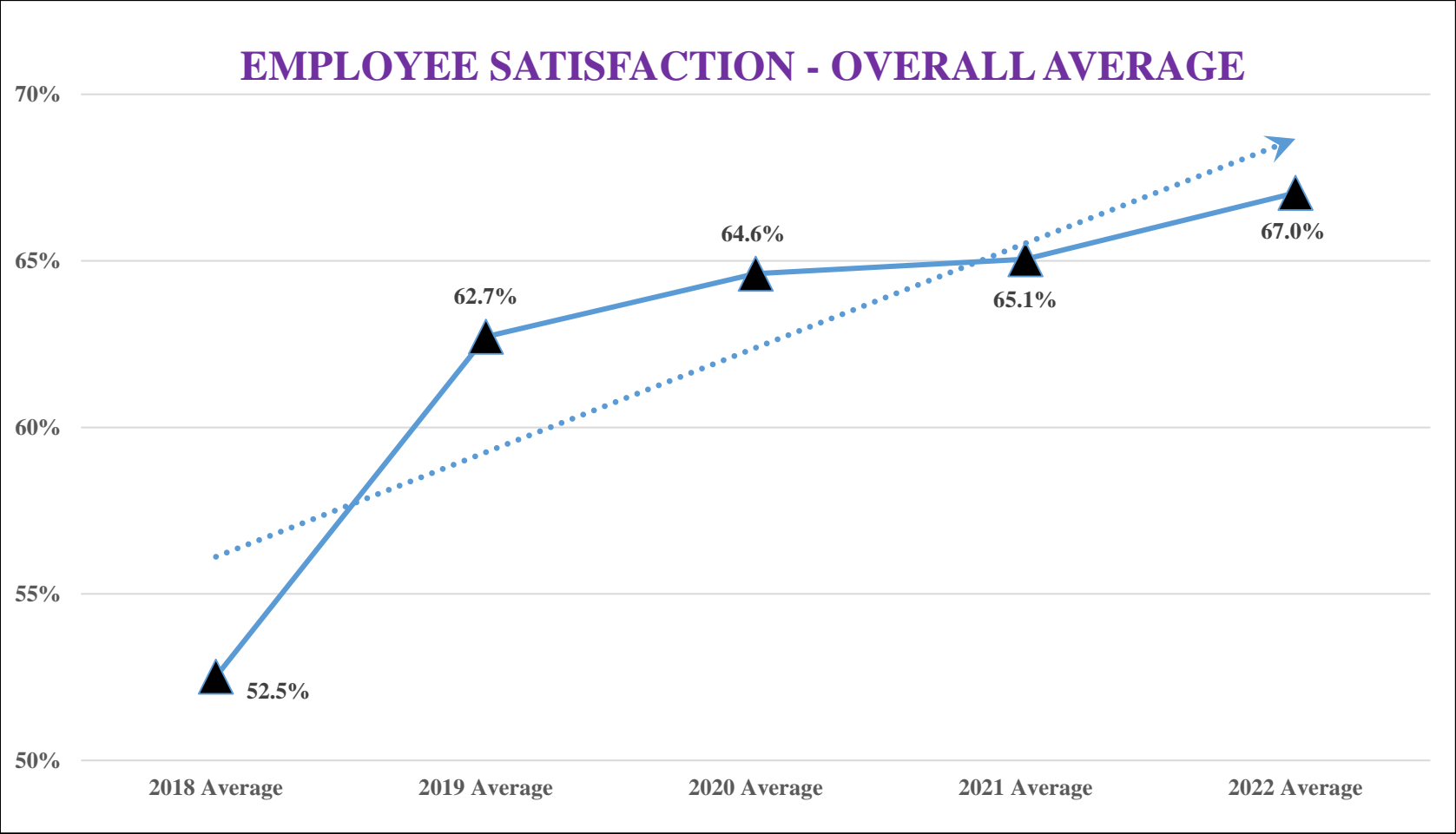
<u>Reason Left – FY 2022</u>	<u>FY 2021</u>	<u>FY 2022</u>
Resigned	75.8%	66.2%
Other	4.4%	14.7%
Dismissed	19.8%	19.1%

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

### Gateway Employee Satisfaction Survey - (Positive Responses)

Yellow Highlight = Lowest Scoring Items		Blue Highlight = Highest Scoring Items			
Red Highlight = Outcome below 50%		Green Highlight = Outcome above 70%			
Total Number of Reponses	90	103	118	180	147
Question:	2018 Average	2019 Average	2020 Average	2021 Average	2022 Average
Gateway is a safe place to work.	60.9%	67.0%	66.1%	69.8%	66.0%
My strengths, abilities, & skills are being put to the best use.	59.3%	73.8%	74.3%	81.5%	74.3%
My workload is manageable.	53.5%	63.1%	73.5%	70.9%	70.3%
I receive positive feedback & support for good work.	41.0%	49.5%	58.5%	58.1%	61.4%
<b>Communication within Gateway is effective.</b>	21.4%	36.9%	34.7%	39.1%	43.8%
The leadership of Gateway promotes teamwork.	40.7%	63.1%	59.3%	58.5%	63.4%
<b>The work that I perform is valuable.</b>	85.5%	87.4%	88.1%	85.5%	87.6%
Patients are treated with dignity & respect at Gateway.	61.2%	73.8%	65.0%	70.4%	75.9%
The services offered by Gateway are readily accessible.	67.1%	70.9%	64.1%	63.7%	71.7%
<b>The pay &amp; benefits pkg offered by Gateway is fair &amp; competitive.</b>	13.1%	14.7%	33.9%	15.3%	29.2%
My job description accurately reflects the work that I perform.	56.0%	65.2%	72.9%	74.9%	72.4%
I feel confident in Gateway's leadership.	50.0%	65.7%	68.7%	63.7%	69.4%
I receive the support needed to provide great customer service.	57.1%	68.6%	67.8%	74.2%	72.2%
My co-workers provide excellent customer service.	63.5%	59.2%	66.1%	72.3%	69.7%
Gateway's mission & objectives have been clearly communicated.	53.0%	58.3%	55.9%	63.8%	64.1%
Gateway treats all employees equally & fairly.	46.4%	54.4%	53.4%	58.4%	64.6%
Gateway's leadership team practices open & clear communication.	40.0%	49.5%	54.2%	58.1%	60.4%
I can speak freely to my supervisor.	68.7%	74.8%	79.7%	78.2%	79.9%
Gateway's leadership team openly encourages feedback & input.	40.0%	62.1%	59.3%	63.1%	66.2%
Gateway supports the professional development of its employees.	53.0%	63.1%	65.8%	62.9%	61.8%
The general morale of Gateway employees is positive & healthy.	35.3%	54.4%	60.2%	53.1%	55.2%
<b>I am proud to work for Gateway.</b>	71.8%	83.5%	83.8%	80.6%	83.4%
I would recommend working for Gateway to my friends.	51.8%	66.3%	72.0%	69.3%	69.7%
I would recommend Gateway's services to a family member or friend.	70.2%	80.1%	73.5%	76.0%	76.4%
<b>Overall Average</b>	52.5%	62.7%	64.6%	65.1%	67.0%
<b>Avg. Improvement</b>		19.4%	23.0%	3.7%	3.7%

ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022



## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

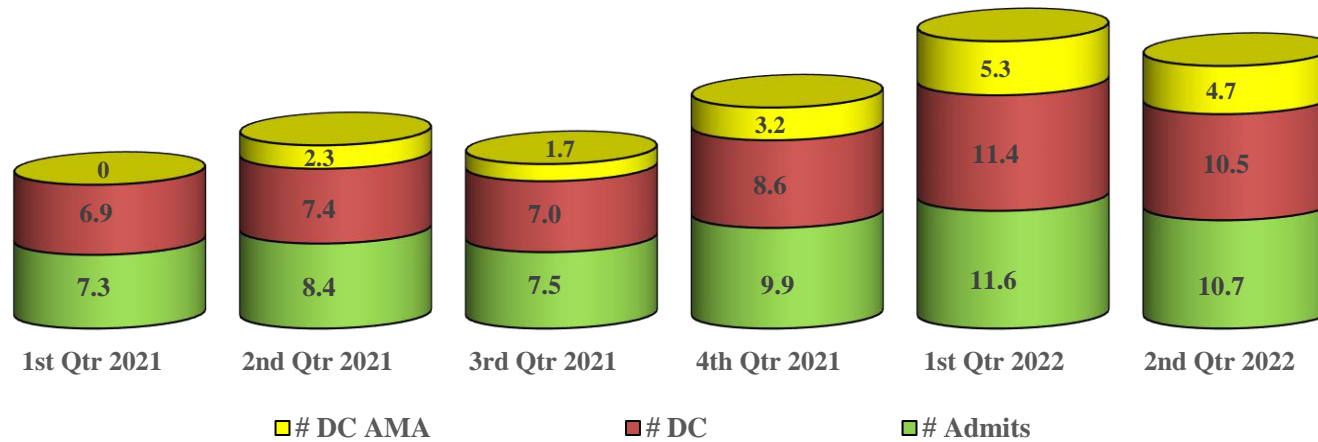
### GATEWAY KEY STAKEHOLDER SATISFACTION SURVEY RESULTS

<u>? #</u>	<u>Question:</u>	<u>2018 Average</u>	<u>2019 Average</u>	<u>2020 Average</u>	<u>2021 Average</u>	<u>2022 Average</u>	<u>Averages</u>
1	What percentage of respondents reported that they contacted Gateway an average of 1 x monthly or more?	64.7%	80.0%	69.2%	67.5%	76.5%	71.6%
3	How likely is it that you will recommend Gateway to a friend or colleague? <i>(Likely or Extremely Likely)</i>	86.7%	100.0%	100.0%	75.0%	100.0%	92.3%
4	How would you describe Gateway's services? <i>(Above Average or Excellent)</i>	73.3%	86.7%	92.3%	55.0%	82.4%	77.9%
5	How well do our services meet your needs? <i>(Very Well or Extremely Well)</i>	80.0%	80.0%	92.3%	62.5%	82.4%	79.4%
6	How would you rate the quality of the services that your agency receives? <i>(Above Average or Excellent)</i>	80.0%	80.0%	92.3%	62.5%	82.4%	79.4%
7	How responsive have we been to your needs, questions, or concerns about those you refer? <i>(Above Avg or Excellent)</i>	66.7%	85.7%	91.7%	55.0%	70.6%	73.9%
8	How likely are you to refer someone to Gateway for services in the future? <i>(Likely or Extremely Likely)</i>	86.7%	100.0%	100.0%	80.0%	100.0%	93.3%
9	In your opinion, are those who live in NE Florida aware of Gateway & our services? <i>(Mostly Aware or Well Known)</i>	66.7%	93.3%	76.9%	55.0%	52.8%	69.0%
10	Overall, how satisfied/dissatisfied are you with Gateway's services over the past 12 months? <i>(Somewhat/Very Satisfied)</i>	86.7%	92.3%	100.0%	72.5%	94.1%	89.1%
11	Please rate the accessibility of Gateway's services. <i>(Above Average or Excellent)</i>	60.0%	60.0%	46.2%	47.5%	76.5%	58.0%
12	Please rate Gateway for our courtesy/helpfulness. <i>(Above Average or Excellent)</i>	66.7%	86.7%	92.3%	65.0%	76.5%	77.4%
13	Please rate Gateway for our professionalism. <i>(Above Average or Excellent)</i>	66.7%	86.7%	100.0%	65.0%	76.5%	79.0%
14	Please rate your overall satisfaction with Gateway. <i>(Above Average or Excellent)</i>	73.3%	100.0%	92.3%	60.0%	82.4%	81.6%
<b>Overall Average:</b>		<b>72.6%</b>	<b>87.0%</b>	<b>87.4%</b>	<b>59.4%</b>	<b>81.4%</b>	<b>77.6%</b>

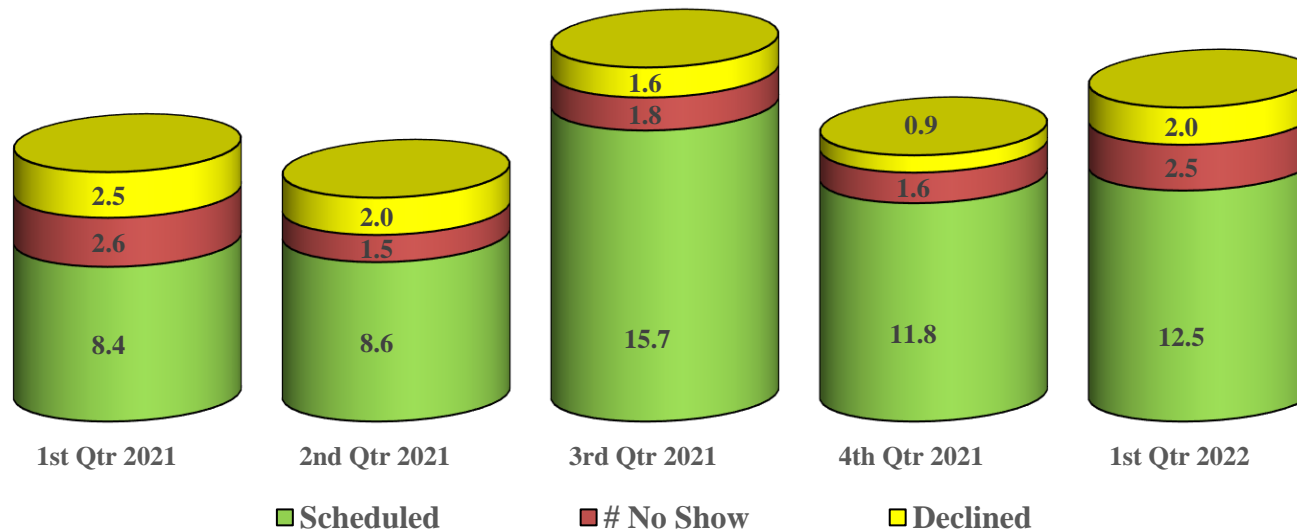
Red = Below 70%   Green = Above 90%

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

### Adult Residential Bed Board: Avg. # of Admissions, Discharges & AMAs



### Adult Res. Bed Board: Avg # of Scheduled Appts vs. No-Shows & Declined Appts



## **ANALYSIS OF INCIDENT REPORTS**

### **Incidents Occurring Most Frequently:**

1. **Slips/Falls:** 15 slip/fall incidents were reported in FY 2022 demonstrating that efforts to reduce these incidents have been successful. Slip/fall incidents have declined steadily since FY 2019. 25 slip/fall incidents were reported in FY 2021, followed by 28 in FY 2020 and 37 in FY 2019. 52.6% of the FY 2022 slips/falls occurred in Adult Residential; 36.8% occurred in Detox; and 10.5% (2) occurred in other programs. (Adult OP and Alumni House.)
2. **Medication Errors:** Only two medication errors were reported in FY 2022, which is significantly reduced from 20 reported in FY 2021. Specialized training was developed and implemented to address medication errors. Efforts to reduce the frequency of medication errors have clearly been successful. One FY 2022 medication error occurred in Detox and one occurred in Adult Residential.
3. **Aggression/Fighting:** There were 19 reported incidents of aggression in FY 2021 and FY 2022. These incidents declined from 32 in FY 2019 and 21 in FY 2020. 38.9% of the FY 2022 incidents occurred in an adolescent residential program; 27.8% occurred in Detox; 11.1% occurred in adult residential; 11.1% occurred at Alumni House; 5.1% occurred in TRH; and 5.1% occurred in HSS.
4. **Medical Issues:** Efforts made to reduce medical issue incidents have been successful, as they have declined steadily since FY 2019, when 51 were reported. 21 were reported in FY 2020, 18 were reported in FY 2021, and 11 were reported in FY 2022. 31.6% of these incidents occurred in Detox and 26.3% occurred in adult residential. 40% of the FY 2022 incidents occurred in Adult Residential; 30% occurred in Detox; and 20% occurred in an Adolescent Residential program.
5. **Baker Acts:** The number of reported Baker Acts have increased dramatically, with 49 being reported in FY 2022. 17 Baker Acts were reported in FY 2021, with nine being reported in FY 2019 and 20 in FY 2020. In FY 2022, 38.2% of Baker Acts were reported in Detox; 23.6% were reported in an Adolescent Residential program; 16.4% were reported in Adult OP; 10.9% were reported in Adult Residential. The remaining 10.9% were scattered among other Gateway programs/services.
6. **Patient Deaths:** Reported patient deaths have stabilized as 17 patient deaths were reported in both FY 2022 and FY 2021. 16 Deaths were reported in FY 2020 and eight were reported in FY 2019. This outcome is expected due to the opioid epidemic. Mortality reviews completed following patient deaths are working to improve Gateway's services, however, only two mortality reviews were completed in FY 2022 as all other deaths were determined to be of natural causes by the Medical Examiner's Office.
7. **Unauthorized Disclosures:** The volume of unauthorized disclosures has risen significantly. Zero unauthorized disclosures were reported in FY 2019 and three were reported in FY 2020, increasing to 14 in FY 2021 and 12 in FY 2022. No programmatic pattern was noted, as there were no more than two of these incidents reported by any single program.
8. **Drugs/Alcohol:** The number of incidents reporting drugs or alcohol being found or used on a Gateway property has remained fairly stable. (FY 2019 = 9; FY 2020 = 21; FY 2021 = 16;

# ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

FY 2022 = 14.) Gateway's search protocols have been modified and procedures for managing and disposing of substances have been revised accordingly.

## **Classification:**

77.7% of incidents have been reported by adult programs/services and 21.3% have been reported by adolescent programs. Almost two thirds of incidents were contributable to patient behaviors (64.5%) and another fifth were patient health issues (20.2%). Gateway personnel were responsible for 8.3% of incidents, and the remaining 7% were due to other causes.

## **Causes:**

64.5% of incidents have been attributable to patient behaviors. (Elopement, aggression, overdose, threats, property destruction, etc.) 20.2% have been patient health issues. (Seizures, illness, injuries, etc.) 8.3% of incident reports were events involving personnel (vehicular accidents, confidentiality breaches, medication errors, etc.) The remainder (7%) were attributable to other causes that were not correlated to patients or personnel. (Unknown, trespass, etc.) All incident causes have remained fairly stable/consistent over the past five years.

## **Trends:**

267 incidents were reported in FY 2022, with 282 incidents being reported in 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) and 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 74.2% of all reports. This outcome is relatively unchanged from prior years and is as expected since the patients are residing on campus. (Detox = 26.6%; Adult Residential = 24%; and Adolescent Residential = 23.6%) Incidents occurring in Detox were significantly reduced in FY 2021 (48), but increased 48% in FY 2022 to 71. 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 due to patients absconding. Incident reports for adult residential are trending downward since FY 2019. (FY 2019 = 376; FY 2020 = 355; FY 2021 = 78; FY 2022 = 64.)

## **Areas Showing Significant Improvement:**

The total number of incidents is 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; FY 2022 = 267) AWOLs have been significantly reduced and continue to trend downward, which is a positive outcome. They steadily declined from FY 2019 (83) to FY 2021 (34), but increased to 45 in FY 2022. 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 have continued to decline to a low of 11 in FY 2022. 18 were reported in FY 2021, 21 in FY 2020, 18 in FY 2021; 21 in FY 2022; and 51 in FY 2019.



# ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

Slips/Falls have been significantly reduced, starting in FY 2019 with 37 incidents reported to 15 in FY 2022. (FY 2020 = 28; FY 2021 = 25). Reported acts of aggression stabilized in FY 2022. 32 incidents documenting aggressive behaviors were filed in FY 2019 but declined to 21 in FY 2020. There were 19 reported acts of aggression in FY 2021 and FY 2022.

## **Areas Needing Improvement:**

Patient deaths have increased in recent years due to the opioid epidemic. There have been 58 patient deaths over the past four fiscal years, averaging over one per month. (FY 2017 and FY 2018 = 0; FY 2019 = 8; FY 2020 = 16; FY 2021 = 17; and FY 2022 = 17) However, patient deaths appear to be trending downward as only five of the 17 deaths reported in FY 2022 occurred in the last six months of the fiscal year.

The volume of Baker Acts has also increased significantly, totaling 95 for the past four years. (FY 2019 = 9; FY 2020 = 20; FY 2021 = 17; FY 2022 = 49.) However, this trend is believed to be due to Gateway's implementation of improved Baker Act protocols and greater patient needs. The majority of Baker Acts are completed with patients who are applying for services or who are in the initial days of their treatment episode.

## **Actions Taken to Address Needed Improvements:**

Autopsy reports are obtained for patient deaths and mortality reviews are conducted by Gateway's CMO with all personnel who were directly involved in treating the patient, when a patient death is found to be by other than a natural cause. These reviews examine the decedent's assessment, treatment services, etc. and seek 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 site has been 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.

A thorough analysis of slips/falls was conducted by Gateway's Director of Safety Compliance. This analysis and all trends were regularly reported to Gateway's managers and directors who collaborated to reduce the frequency of these events.

## **Results of Corrective Actions:**

Changes implemented over the course of the report period appear to be having a positive effect in reducing patient deaths. 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. It is important

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

to also note, that while incident reporting has improved, the overall volume of incident reports has declined. This improvement is attributable to Gateway's efforts to address identified risks. An excellent example of these improvements can also be seen in the reduction in the number of reported slips/falls.

### **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. Florida's DCF Security training is completed by all personnel and assists in ensuring privacy and confidentiality and in reducing (eliminating) occurrences of unauthorized disclosures of confidential information.

### **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 incident reports daily. As an incident report summary is auto generated by Gateway's EHR and is emailed to all appropriate Gateway personnel within a few minutes of an incident report being completed. Gateway's Director of Safety Compliance also regularly emails an incident report summary denoting areas requiring correction and/or completion to the organization's Leadership and Executive teams. These activities coupled with Gateway's policies, procedures, and training primarily focuses on the prevention of incidents and the elimination of their reoccurrence.

### **Internal Reporting Requirements:**

All incidents are routinely auto-reported by Gateway's EHR (SmartCare) to members of Gateway's executive and leadership teams. Gateway's Director of Safety Compliance reviews each incident report and regularly provides an update on the status of "open" incident reports to Gateway's Executive and Leadership teams. Incident reports are not closed until all elements/items have been satisfactorily documented and resolved.

### **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, Executive and Leadership teams.

## ANALYSIS OF PATIENT COMPLAINTS

### **Trends**

The overall volume of patient complaints is trending downward. (FY 2019 = 315; FY 2020 = 295; FY 2021 = 218; and FY 2022 = 234) Focus groups were been conducted 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 2022 (176/75.2% of all complaints submitted). The volume of complaints submitted by adult residential patients is trending upward and the number of complaints submitted by residential patients increased by more than 50% in FY 2022. (FY 2019 = 108/34.3%; FY 2020 = 102/23.4%; FY 2021 = 112/51.4%) Residential patients have been responsible for the submission of almost half of all complaints over the past four fiscal years (498/48.9% of all complaints submitted)

Complaints submitted by Detox patients are trending downward, (FY 2019 = 88/27.9%; FY 2020 = 69/23.4%; FY 2021 = 31/14.2%; and FY 2022 = 8/3.4%). The total number of complaints submitted by Detox patients, over the past four fiscal years, comprise almost a fifth of all patient complaints (196/18.5%).

Complaints submitted by adolescent patients (BRC and GRC) have continued to decline. 29 complaints were filed by adolescent patients in FY 2022 (21.6% of all complaints). (FY 2019 = 76/24.1%; FY 2020 = 82/27.8%; FY 2021 = 42/19.3%). Complaints submitted by adolescents account for another fifth of all patient complaints submitted over the past four years (229/20.9%).

Complaints submitted by all other Gateway programs combined are also trending downward (FY 2019 = 43/13.7%; FY 2020 = 42/14.2%; FY 2021 = 33/15.1%; FY 2022 = 21/9%). Complaints submitted by patients in other programs account for only 13.1% (139) of all complaints submitted over the course of the past three fiscal years.

35.3% of patient complaints in FY 2022 were about employees. The volume of complaints submitted about employees is trending downward (FY 2019 = 61.0%; FY 2020 = 57.3%; FY 2021 = 57.8%; and FY 2022 = 35.3%).

35.7% of patient complaints submitted in FY 2022 were about other patients and is trending upward (FY 2019 = 6.7%; FY 2020 = 4.7%; FY 2021 = 22.9%).

23.2% of patient complaints received in FY 2022 were about rules, policies and procedures, or operational practices. The trend for these complaints is downward (FY 2019 = 25.1%; FY 2020 = 32.2%; FY 2021 = 14.2%).

5.8% of patient complaints received in FY 2022 were about other issues. *"Other complaints"* have been relatively stable for the last four years (FY 2019 = 7.3%; FY 2020 = 5.8%; FY 2021 = 5.0%).

52.7% of patient complaints in FY 2022 resulted in staff training. The trend for these complaints over the past four years is upward (FY 2019 = 18.4%; FY 2020 = 28.8%; FY 2021 = 39.9%).

15.2% of patient complaints in FY 2022 resulted in one or more employees being counseled. The overall trend for these complaints is downward. (FY 2019 = 26.3%; FY 2020 = 24.1%; FY 2021 = 24.3%).

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

11.6% of patient complaints in FY 2022 resulted in one or more employees or patients being counseled or discharged/terminated. The overall trend for these complaints is downward (FY 2019 = 26.9%; FY 2020 = 29.2%; FY 2021 = 20.7%).

There are no records of praise reports being filed by patients prior to July 2020. Praise reports were submitted prior to that date but were rare and copies were not maintained. The increase in the number of praise reports submitted by patients is considered the key indicator of progress made with Gateway's system for filing patient complaints. During the period, 07/01/2020 through 06/30/2022, 514 praise reports have been received. 81.9% of praise reports have been about employees.

### **Areas Needing Performance Improvement:**

Continued improvement is needed with incident response times. Personnel changes are believed to have negatively affected response times. The average number of days to respond to a patient complaint in FY 2022 was 8.1 days, which is one day over the target of seven days. This is a significant improvement over FY 2021 however, when the response time averaged 15.9 days. The percentage of responses taking more than seven days was 17.8% in FY 2022. While this is significantly reduced from FY 2021 (66.5%), efforts to improve need to continue. Adolescent services averaged 4.1 days when responding to patient complaints. The most significant delay in response times was from other Gateway programs (e.g.: aftercare, RBS, TRH, adult OP, supportive housing, etc.), which averaged 15.7 days to respond to complaints. Adult residential services averaged 7.4 days, which is approximately a half day over target.

### **Implementation of Actions Taken to Improve Performance:**

Gateway has 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.

### **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 all SAT and RSS staff obtain certification have not been successful to date.

The kiosk system has significantly improved the patient complaint, suggestion, and praise report system. Praise reports now exceed complaints and suggestions and patients report that they perceive and experience the system as being effective.

“Lost” patient complaints that plagued the historical paper system have been eliminated. The average response time for patient complaints decrease to 8.1 days in FY 2022, which is almost 50% of the FY 2021 response times. The percent of responses to complaints that took more than seven days was reduced by almost 75% in FY 2022. (17.8% in FY 2022 compared to 66.5% in FY 2021.)

## **EMPLOYEE COMPLAINTS / SUGGESTIONS**

No complaints or suggestions were by filed Gateway employees in FY 2022 and zero complaints and only one suggestion was submitted in FY 2021. This single 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**

Relias Learning replaced Netsmart Training University in July 2020. At that time, due to the Covid-19 pandemic, most Gateway employees were deficient in completing required trainings. In FY 2022, 5,611 training courses were completed for a total of 4,173.46 hours. 77.7% of courses were completed on time.

## **OVERALL PERFORMANCE ANALYSIS**

The greatest extenuating, influencing, and causative factor affecting both operations and services over the course of FY 2022 continued to be the Covid-19 pandemic, which adversely impacted all services and operations. Continuing reductions in capacity in detox, residential treatment and transitional/supportive/recovery housing, due to the shift to single room occupancy, reduced the number of Gateway admissions. Non-residential treatment services continued to be primarily provided by telehealth.

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 were successful, but there were incidents of the spread of the virus at the organization requiring significant patient quarantines.

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 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



## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

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 patients in their own recovery, their families, and their community, and to continually improve access to, and the quality of, services.

A third ROSC assessment is scheduled for the second quarter of FY 2023. Results of these surveys have been used to establish a baseline, to prioritize needed operational and service adjustments, and to track improvements. However, the results of Gateway's second survey in FY 2021, did not evidence progress. This 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. A comprehensive review of Gateway's services was conducted by a DCF and LSF team in early 2022. The results of this review found that Gateway continues to be a role model for other Florida provider organizations. A few consultations were provided to the organization to assist with further and additional improvements.

Gateway was awarded a Certified Community Behavioral Health Clinic (CCBHC) grant by SAMHSA in early 2021 and the grant award was extended/renewed in the first quarter of FY 2023. 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 in FY 2021, 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 were also significant. CCBHC patients began to be admitted prior to the end of FY 2021 and continued throughout FY 2022. Service and operational transitions necessitated by the CCBHC continued throughout FY 2022.

Gateway replaced its electronic health record (EHR), Avatar with SmartCare by Streamline Healthcare Solutions on July 1<sup>st</sup>, 2021. It took a number of months to resolve initial problems with the new EHR, as projected. Employee understanding and use of the new EHR appears to have stabilized as evidenced by the number of errors in the daily reports that are disseminated to executives, directors, supervisors, and to employees having errors. Daily error reports

# ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

(weekdays/non-holidays) and resulting staff training have contributed significantly to improvements in documentation and billing of services provided, which ensures accreditation standard conformance and regulatory compliance.

## Service Effectiveness

Service effectiveness is now reported by program. All programs completed the fiscal year with successful completion averages substantially above the LSF contractual requirement (45.6%). The overall average for successful completions for all Gateway programs was 77.6%. It is significant that the overall average percentage of successful treatment completions for the past five fiscal years have been significantly above target (FY 2018 = 75%; FY 2019 = 75.9%; FY 2020 = 85.1%; FY 2021 = 79%; FY 2022 = 77.6%).

Adult detoxification services effectiveness is also measured by the percentage of patients transitioning from detox into treatment services. The overall average for the year was 44.5% of patients transitioning into treatment, which is above the target of 40%. The overall trend for this outcome however is downward, which is negative. Only 31.8% of detox patients transitioned into Gateway treatment services in June 2022.

## Satisfaction with Services

Patient satisfaction is now reported by program. Overall, patient satisfaction is above established targets for all programs, averaging 3.3 on a 4-point scale. While prevention services reported 100% satisfaction, this outcome was determined by a very limited dataset. Adult IOP services were only provided to two patients in FY 2022 and no satisfaction data was available from those patients. The only program with patient satisfaction averages below 3.3 was adolescent residential services at 2.3.

Patients contacted following discharge from services reported overall satisfaction with the services that they received (80.7%) and most respondents reported improvements in their lives and in daily functioning. Most of those contacted were employed (52.7%) and that they had not used alcohol or drugs in the past 30 days (73.3%). 60.7% reported that they believed that their recovery progress was “excellent” or “great”. 54.7% reported that they continue to participate in AA, NA, or other recovery meetings.

LSF patient satisfaction surveys evidenced continued adult and adolescent patient satisfaction with Gateway services. 93.5% of adult patients completing LSF patient satisfaction surveys reported satisfaction with the services that they had received. The trend for this adult satisfaction since FY 2015 is upward, with all but two years being above 90%. (FY 2019 = 86.5% and FY 2020 = 88.0%) Adolescents also reported being satisfied with Gateway services. (92.4% in FY 2022) The overall trend for adolescent patient satisfaction is slightly downward but overall satisfaction results have been above 90% for five of the last eight years. (FY 2019 = 86.5%; FY 2020 = 82.8%; and FY 2021 = 83.2%)

Employee satisfaction continues to improve as demonstrated by the overall upward trend in employee responses to the annual satisfaction survey since the 2018 survey. However, outcomes from the annual employee surveys continued to be below the established threshold of 70% overall satisfaction. (2022 = 67%) In 2022, 83.4% of employees reported that they are proud to work for Gateway and 87.6% reported that they believe that the work that they perform is

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

valuable. 76.4% of survey respondents reported that they would recommend Gateway's services to a family member or friend. Conversely, only 43.8% of Gateway employees report that communication is effective. However, improvements in are evidenced by the continuing upward trend from 21.4% in 2018.

As part of the continuing effort to improve, Gateway will utilize Culture Amp's applications ([www.cultureamp.com](http://www.cultureamp.com)) to complete future employee surveys, including but not limited to, an onboarding survey for new employees, an annual employee satisfaction survey, and an exit survey. Survey questions and possible responses have been scientifically normed by Culture Amp, internationally and will allow Gateway to compare outcomes with similar organizations to establish benchmarks that are broader than simply using the organization's own historical data.

Key stakeholder (*DCF, LSF, and other provider and business partners*) satisfaction increased 37% in FY 2022 but the overall trend for since FY 2018 is slightly downward. This overall downward trend is believed to be attributable to the Covid-19 pandemic. Average satisfaction reported by key stakeholders has been above 80% for three of the past five fiscal years (FY 2019 = 87%; FY 2020 = 87.4%; and FY 2020 = 81.4%).

Two survey items were at 100% for this fiscal year. All survey respondents in FY 2022 reported that they would recommend Gateway services to a friend or colleague and that they would likely use Gateway as a referral source in the future. These two survey items average scoring above 90% for all five years. Conversely, only 52.8% of respondents reported that area residents are aware of Gateway's services. The average for all five years of the survey is low at 69%.

While the perception of the accessibility of Gateway services increased 59% (47.5% to 75.5%) in FY 2022, the overall average for the past five years for this item is low at 58% as it has been at or below 60% for four of the past five years (FY 2019 = 60%; FY 2020 = 60%; FY 2020 = 46.2%; and FY 2021 = 47.5%). Capacity increases in Detox and Residential treatment services are believed to have contributed to the significant increase in the perception of the accessibility of Gateway's services for this fiscal year.

### Efficiency of Operations

Efficiency was reported by program for FY 2022 and the measure used is necessarily different for detox, residential, and prevention programs.

- Detox efficiency is measured by the average no-show rate. This outcome fluctuated significantly throughout the year, and averaged 36.9%, which is above the current target (35%). The trend is flat for this measure.
- The efficiency measure for Adult Residential is also measured by the no-show rate and this outcome also varied significantly through the fiscal year. The trend for this measure is upward (a negative trend) but the overall average is below target at 20.5%. (Target = 25%.) Nine of twelve months averaged below the target with four months averaging below 15% (September 2021 = 10.3%; October 2021 = 8.3%; November 2021 = 14.3%; and January 2022 = 14.1%).



## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

- Adolescent Residential (BRC and GRC) efficiency is determined by bed occupancy (utilization) on the last day of each month. This efficiency measure also fluctuated significantly throughout the fiscal year, with a high of 50% in March 2022 and a low of 33.3% in September 2021 and January 2022. The trend for this outcome is slightly upward (a positive trend). The overall average occupancy for Gateway's adolescent residential treatment programs for FY 2022 was 39.4%, which is just below the target of 40%.
- Prevention Services efficiency is measured by the number of persons served. This outcome fluctuated significantly throughout this fiscal year. The average number of persons served was above target for the year at 345.1. (The initial target was set at 300.) The highest month was 851 persons served, which was reported in April 2022 and the lowest number of persons served was reported in June 2022 at 114. The trend for this outcome is upward (positive).
- Efficiency is measured by employee productivity for adult and adolescent outpatient and intervention programs, PSC, and adult IOP services. This data is taken from an EHR (SmartCare) report for each program. It must be noted that Gateway's measures of employee productivity are undergoing continued development as they are rather meaningless. New methods of measuring unit productivity are under development with the implementation of the new electronic personnel (HR) system, DATIS. The overall trend in productivity as reported by the EHR is significant however and is used to analyze overall programmatic efficiency.
  - Adult outpatient productivity is trending upward, which is a positive outcome.
  - Adult IOP productivity was not measured since only two patients were admitted during the fiscal year.
  - Adult Intervention productivity is trending upward, which is a positive outcome.
  - Productivity for Gateway's Problem-Solving Courts (PSC) is trending upward, which is a positive outcome.
  - Adolescent outpatient productivity is trending upward, which is a positive outcome.
  - Adolescent intervention productivity is trending upward, which is a positive outcome.

### Service Access

Access is now reported by program and is measured differently for detox, residential, and prevention programs.

- Access to detox services is measured by the average daily census. Over the course of FY 2022, the trend for this measure was downward, which is negative. However, the average overall census for the fiscal year was 16.2, which was above the target of 16.
- Access to adult residential services is measured by the average number of days between screening and the development of the individualized service plan. The trend for this

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

outcome is downward, which is positive. The average for the year was 11.8 days, which was slightly above the target of 10 days.

- Access to adult outpatient services is measured by the average number of days between the patient's orientation and the development of the individualized service plan. The trend for this outcome is downward, which is positive. The average for the year was 7.3 days, which was slightly under the target of eight days.
- Access to adult IOP services could not be determined since there were only two admissions during FY 2022.
- Access to adult intervention services is measured by the average number of days between the patient's orientation and the provision of the first individual or group counseling session. The trend for this outcome is slightly upward, which is negative. The average for the year was 12.1 days, which is above the target of 10 days.
- Access to PSC services is measured by the average number of days between the patient's orientation and the provision of the first individual or group counseling session. The trend for this outcome is downward, which is positive. The average for the year was 10.3 days, which is slightly above the target of 10 days.
- Access to adolescent residential treatment is measured by the average number of days between the patient's orientation and the development of the individualized service plan. The trend for this outcome is downward, which is positive. The average for the year was 6.7 days, which is slightly below the target of seven days.
- Access to adolescent outpatient services is measured by the average number of days between the patient's orientation and the development of the individualized service plan. The trend for this outcome is downward, which is positive. The average for the year was 14.4 days, which is slightly above the target of 14 days.
- Access to adolescent intervention services is measured by the average number of days between the patient's orientation and provision of the first group or individual session. The trend for this outcome is downward, which is positive. The average for the year was 9.1 days, which is below the target of 10 days.

### Employee Supervision

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 continued to vary significantly by program. A new peer/supervisor record review system is being developed as part of Gateway's CCBHC grant. System refinements are being made in consultation with the CCBHC consultant, MTM Services. The improvement and expanded system is expected to be implemented sometime in FY 2023.

The PSC and FIS programs reported the lowest average number of hours of supervision per employee per month. (PSC = 0.5 hours monthly and FIS = 0.6 hours monthly) The trend for monthly supervision in both the FIS and PSC program is downward, which is negative.

# ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

Adolescent outpatient and adolescent residential services also continued to report a low number of hours of supervision per employee per month. (Adolescent OP = 1.3 hours monthly and adolescent residential = 1.7 hours monthly)

Other Gateway programs averaging an hour or less of supervision per employee each month include FIT and PSL/Recovery Connections at one hour monthly, which is approximately 15 minutes a week.

Gateway programs averaging under an hour per week of employee supervision (4.0 hours monthly) include, adult residential (3.0 hours monthly), aftercare/HSS (1.9 hours monthly),

Three Gateway programs averaged providing more than one hour of supervision per employee each week. (STAR = 6.4 hours monthly; RBS/TRH = 4.4 hours monthly; and adult OP = 4.8 hours monthly.) The trend for adult outpatient is upward for the past three years (FY 2020 = 1.7 hours monthly; FY 2021 = 3.4 hours monthly; and FY 2022 = 4.8). Although the STAR program averaged fewer hours of supervision in FY 2022 (6.4 hours) than in FY 2021 (7.7 hours), the program has consistently averaged more supervision than any other Gateway program. RBS/TRH supervision was unchanged in FY 2022 from FY 2021 (4.4 hours) but had improved over FY 2020 when the program averaged 2.9 hours of supervision per employee per month.

## Peer/Supervisor Record Reviews

Peer (and Supervisory) record reviews, of a sample of both open and closed patient records, were completed monthly in each Gateway program. Peer reviews averaged 8.0 records per month for FY 2022. This is the lowest average of the past three fiscal years and the overall trend is downward, which is negative. (FY 2020 = 13.4 and FY 2021 = 11.6) Fewer records are being reviewed each year (FY 2020 = 13.4 average; FY 2021 = 11.6 average) but the average scores of reviews for all programs is fairly stable (FY 2020 = 93.3%; FY 2021 = 94.4%; and FY 2022 = 94.8%), and an upward trend in overall average scores is noted, which is positive.

- The adult outpatient team reviewed an average of 20.7 records each month with an average score of 95.4%. While these outcomes are positive, the trend is downward (negative) for the number of records reviewed (FY 2020 = 34.2 and FY 2021 = 32.2 but review scores have consistently been positive (FY 2020 = 93.2% and FY 2021 = 96.8%).
- The adult residential team reviewed an average of 15 records monthly, with an average score of 86%. The trend for record scores is upward, which is positive. (FY 2020 = 86.9%; FY 2021 = 91.3%; FY 2022 = 92.3%).
- Both the adolescent residential and outpatient/intervention teams reviewed an average of 7.3 open and closed records each month. The trend for the number of record reviews for adolescent outpatient/intervention services is upward, which is a positive outcome (FY 2020 = 5.5; FY 2021 = 4.3; FY 2022 = 7.3). The trend for number of records reviews for adolescent residential services is downward, which is a negative outcome (FY 2020 = 7.6 and FY 2021 = 8.7) Record review scores for these programs are positive as scores averaged at or above 97% for all three years.
- Aftercare/HSS average 7.5 record reviews per month in FY 2022, which was a 43.6% decrease from FY 2021 (13.3). Record review scores for FY 2022 averaged 87.1%, which was consistent with prior years (FY 2020 = 87.3% and FY 2021 = 87.4%).

## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

- The FIS team reviewed an average of 6.6 records each month in FY 2022, with an average score of 86%. The average number of record reviews completed monthly declined from FY 2021 by 41.6% with a downward (negative) trend for the past three years. (FY 2020 = 12.2; FY 2021 = 11.3) Overall, average record review scores also declined from 95.1% in FY 2021 to 86.0% in FY 2022. The overall trend for records scoring is downward, which is negative (FY 2020 = 99.2%).
- The FIT team reviewed an average of 5.9 records each month in FY 2022, with an average score of 96.6%. The average number of record reviews completed monthly declined from FY 2021 by 39.8% with an overall downward (negative) trend for the past three years. (FY 2020 = 10.6 and FY 2021 = 9.8) Overall, average record review scores have remained fairly stable, averaging above 96% for the past three years (FY 2020 = 96.9% and FY 2021 = 97.4%).
- The PSC team reviewed an average of 4.3 records each month in FY 2022, with an average score of 98.0%. The average number of record reviews completed monthly declined from FY 2021 by 37.7% with an overall downward (negative) trend for the past three years. (FY 2020 = 7.4 and FY 2021 = 6.9) Overall average record review scores are trending upward, which is positive. (FY 2020 = 96.9% and FY 2021 = 97.4%).
- The STAR team reviewed an average of 6.0 records each month in FY 2022, with an average score of 94.2%. The average number of record reviews completed monthly declined from FY 2021 by 16.7% with an overall downward (negative) trend for the past three years. (FY 2020 = 8.1 and FY 2021 = 7.2) Overall average record review scores are trending upward, which is positive (FY 2020 = 84.8% and FY 2021 = 91.6%).

### Medical Peer Reviews

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 was also reviewed along with co-pharmacy and polypharmacy. 376 records have been reviewed over the past five years. No prescribing errors were identified during the reviews completed during FY 2022. No trends have been identified and no corrective actions have been required.

### Employee Retention, Turnover, and New Hires

130 new employees were hired in FY 2022, which is a 22.6% increase over FY 2021 when 106 new employees were hired. 83.8% of new hires were females (males = 16.2%), which was a 7% increase over FY 2021 when 78.3% of new hires were female. 55.4% of new employees were non-white, which is a 15.2% increase over FY 2021 when 48.1% were non-white.

66.2% of employees who left Gateway in FY 2022 resigned from their position, which was a 12.7% decrease over FY 2021 when over three quarters of personnel resigned from employment (78.3%). The percentage of employment terminations remained relatively unchanged from FY 2021 (19.8%) to FY 2022 (19.1%). The average turnover rate for FY 2022 was 45.3%, which was a 51% increase over FY 2021 when the turnover rate was 30%.

# ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

## Evaluations of Emergency/Disaster Plans (Drills)

All programs and facilities in FY 2018, FY 2019, FY 2020, FY 2021, and FY 2022 completed evaluations of all emergency/disaster plans. 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. No areas were identified as needing improvement in FY 2022.

Gateway's emergency management team continues to make revisions and improvements to the organization's emergency plans. Gateway's executive team met daily for an extended period of time beginning in March 2020, to address changes required to effectively respond to the Covid-19 pandemic. Changes in operations included, but are not limited to: implementation of single-room occupancy for Gateway's detox, residential, and supportive/transitional/recovery housing; Covid 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.

Utilization of most of these interventions and precautionary actions continued throughout FY 2022. Implementation of these changes proved to be largely effective. There were several outbreaks of Covid at Gateway sites during FY 2022. However, these occurrences were adequately and appropriately addressed in an effective manner so that they were of relative short duration.

Gateway implemented a new "*Code Blue*" emergency plan addressing CPR incidents. Staff training was provided and the plan is being tested at all sites. This emergency plan was implemented following a patient death in Detox.

## Facility Safety Inspections

The fire and health departments, and others, completed external inspections of all sites as appropriate and required. All facilities passed inspection and have consequently been relicensed to provide services by both the city and state. 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 DCF, LSF, and the City of Jacksonville were successful. No corrective actions were identified by any reviewer.

Facility managers, in collaboration with Gateway's Director of Safety Compliance, completed quarterly safety inspections for all facilities on all shifts. Timely corrective actions were taken when and as identified.

# ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

## Closing Summary

The documented review and use of the data in this report and other performance indicators by Gateway's Board, 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. Although other methods are used, the report is posted to Gateway's website for access by all stakeholders at any time.

The purpose of the collection and analysis of the data is to improve services and operations. Gateway's quality improvement activities follow the Plan-Do-Study-Act (PDSA) cycle. PDSA is an iterative, four-stage, problem-solving process, used for bringing about rapid-cycle change. It was introduced by Walter Shewhart (1939) and further developed by W. E. Deming (1950).

Overall, FY 2022 was a successful year for Gateway, in spite of the operational and service adjustments that continued to be necessary to effectively address the Covid-19 pandemic. The following successes are noteworthy:

- Controls implemented to prevent the spread of Covid-19 continued to be successful.
- Audits conducted by DCF and LSF demonstrated positive outcomes, as no corrective actions were required.
- Successful program completions continued to be significantly above target.
- Reviews of patient records by professional employees and external auditors demonstrate a high degree of regulatory, accreditation, and policy conformance with documentation of services.
- Overall satisfaction with services provided continued to be high and is trending upward as reported by patients. Although employee and other key stakeholder satisfaction continue to be below target, it is trending upward.
- Operational and programmatic efficiency continued to improve.
- Access to services and the efficiency of programmatic operations continued to improve.
- The system for submission and tracking of patient complaints and suggestions continued to improve. The volume of patient praise reports, submitted via this system, persisted, surpassing the number of complaints filed and the overall volume of patient complaints continue to trend downward.
- Internal and external (IRAS) incident reporting continued to improve.
- Incidents continued to decline. Programmatic elopements (AWOLs) continued to trend downward (a positive outcome) and efforts to reduce/eliminate slips/falls were highly successful. The number of reported incidents of medical issues also continued to wane.
- Evaluations of disaster plans and internal safety inspections continued to be completed by all programs on all shifts as required by policy and accreditation standards.
- Daily EHR (SmartCare) error reports, monthly peer reviews, and external audits demonstrated continued improvements with service documentation.
- Training compliance continues to be excellent with 5,611 courses completed in FY 2022.



## ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2022

- The fiscal year was productive financially with a positive cash flow resulting in numerous organizational and programmatic improvements and incentives being provided to employees.
- Gateway continued to be a Recovery-Oriented Systems of Care (ROSC) role model for other providers within the State of Florida. The outcomes and resulting report from DCF's and LSF's audit of Gateway's ROSC (patient-centered) services, was very positive and encouraging.

A concerted and documented effort is necessary to address the following challenges as outlined within this report:

- Adolescent and adult admissions continued to be below target during FY 2022. (*Attributable to the pandemic*).
- Successful completions continued to trend downward for adult services.
- The detox daily census trended downward for FY 2022.
- Patients transitioning from Detox to treatment services trended downward in FY 2022.
- The no-show rate for adult residential services trended upward in FY 2022.
- Documented clinical supervision averages about 30 minutes per employee weekly.
- Adolescent patient satisfaction is trending downward.
- The number of open and closed records that are reviewed each month is low in some programs.
- Patients who were contacted post-discharge report that they struggle with obtaining a stable source of income and that they do not continue participation in recovery support groups.
- Although improved, overall employee satisfaction (67%) continues to be below target (75%)