Gateway

Steps to Recovery

ANNUAL PERFORMANCE MANAGEMENT REPORT

Fiscal Year (FY) 2023: July 1, 2022 through June 30, 2023

August 31st, 2023

Michael W. Bennett, MBA CAP CPP ICADC CCCJS CCFC
Vice President of 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, which is necessary to meet the needs of the communities served by the organization, all stakeholders, sustain programs/services, and support growth. Gateway's Board of Directors, Executives 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 business and service decisions; uphold the organization's mission; and objectively demonstrate value to patients and their families, other stakeholders, the communities served, 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 and performance indicators to guide the organization and identify those areas targeted for improvement. Executive and leadership team members serve on Gateway's Quality Improvement Council (QIC) with other personnel from all levels of the organization, and gather input and suggestions from the organization's many stakeholders concerning Gateway's performance management activities and plans. Multiple mechanisms are employed to exchange information and communicate 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) 2023 included, but are not limited to: continued implementation of the new EHR, changes in leadership; continued implementation of the SAMSHA CCBHC grant; continuing pandemic-required programmatic, operational, service, and payment adjustments for a significant portion of the year; individuals entering the programs/services with higher co-morbidities and/or co-occurring conditions; housing shortages; inadequate public transportation serving the largest city (area) in the U.S., and the ongoing opioid epidemic.

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Gender	Percentage
Female	57.4%
Male	40.6%
Unknown	2.0%

Race	Percentage
Black	31.4%
White	59.4%
Other/Unknown	9.1%
Hispanic	9.2%

Employment Status	Percentage
Unemployed	50.9%
Employed	18.8%
Student	14.5%
Disabled	6.6%
Homemaker	1.2%
Other (*Retired, Leave, Military, Inmate, etc.*)	6.9%
Unknown	1.1%

Primary Drug of Choice	Percentage
Alcohol	30.1%
Opioids and Synthetics	26.1%
Marijuana/Hashish	22.2%
Cocaine/Crack	9.9%
Methamphetamine/Ice	3.9%
Amphetamines/Stimulants	2.0%
Benzodiazepines	0.7%
Other Drugs	5.1%

Tobacco Use	Percentage
Tobacco User	56.4%
No Tobacco Use	22.8%
Unknown	20.8%

Birth Outcomes at Discharge	Count	Percentage
Live Birth *(Drug Present in Newborn)*	27	64.3%
Live Birth *(No Drug Present in Newborn)*	5	11.9%
Unknown Birth Outcome	9	21.4%
Still Birth	1	2.4%

Age at Admission	Percentage
11-17	16.1%
18-25	8.6%
26-35	28.2%
36-45	25.2%
46-55	12.5%
56-65	8.3%
66+	1.1%

Admissions – County of Residence	Percentage
Duval	90.1%
Clay	3.1%
Nassau	2.1%
St. Johns	1.2%
Other/Unknown	3.5%

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Mental Health Disorders	Count	Percentage
Depressive Disorders	1,093	31.4%
Anxiety Disorders	891	25.6%
Anxiety Disorders	891	25.6%
Post-Traumatic Stress Disorders (PTSD)	509	14.6%
Bipolar Disorders	344	9.9%
Schizophrenia/Schizoaffective Disorders	157	4.5%
Attention-Deficit Hyperactivity Disorder (ADHD)	150	4.3%
Trauma/Stress Disorders	46	1.3%
Adjustment Disorders	42	1.2%
Phobias	41	1.2%
Personality Disorders	40	1.2%
Obsessive Compulsive Disorders	32	0.9%
Sleep Disorders	21	0.6%
Eating Disorders	15	0.4%
Psychotic Disorders	12	0.3%
Autism Spectrum Disorders	6	0.2%
Other Disorders	77	2.2%

# of Visits by Adolescent Program	Visits
Assessment *(Includes SOR & JAC)*	406
Case Management *(Includes FIS)*	593
Intervention *(Includes FIS)*	843
Medical Services	108
Outpatient	420
Residential	4,544
Total	6,914

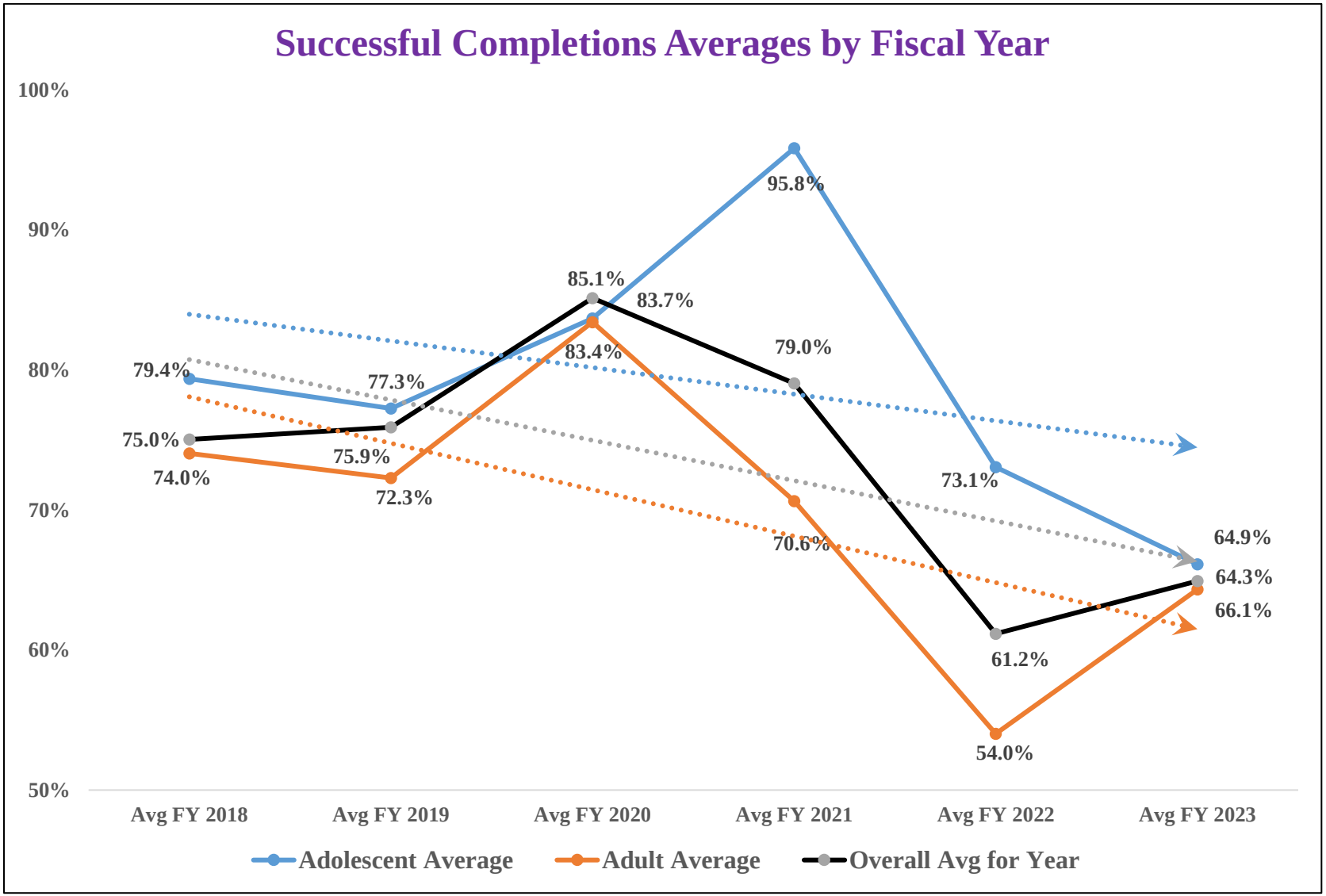
Bed Days by Program	
Adolescent Residential	4,486
Adult Detoxification & Stabilization	6,313
Adult MH Residential	270
Adult Residential	19,885
Alumni House	16,215
Alumni House Edgewood	1,826
Fellowship House	1,820
Independence Village	18,270
Room and Board with Supervision (RBS)	6,034
Supported Housing	2,076
Transitional Recovery Housing (TRH)	5,334
Total	82,529

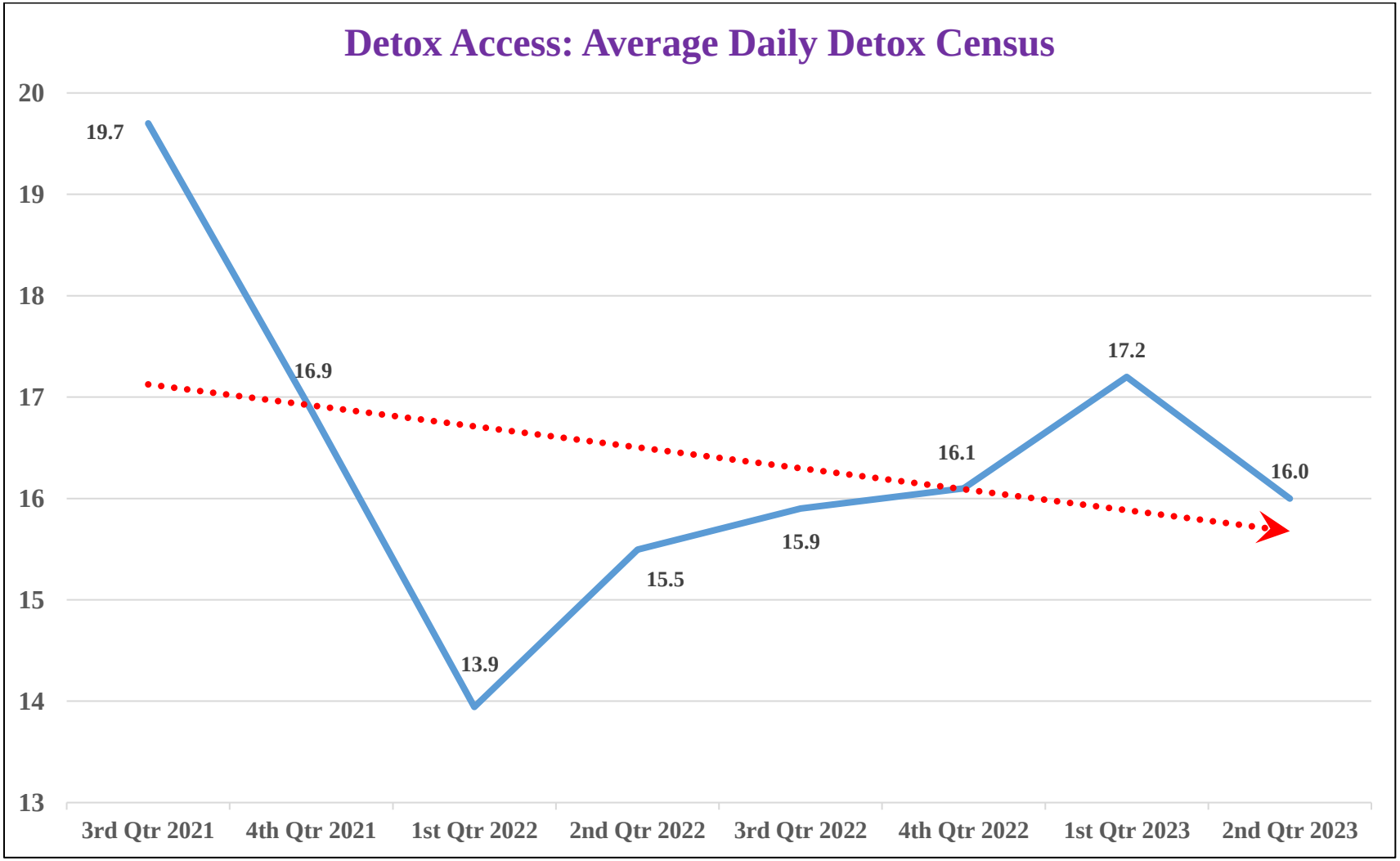
# of Visits by Adult Program	Visits
Aftercare *(Includes FIT)*	4,186
Assessment *(Includes GW Connect & SOR)*	1,938
Care Coordination & Case Management	5,986
CCBHC	2,876
Detoxification & Stabilization	8,675
Grants	4,451
Health Promotion	481
Housing *(Includes RBS & TRH)*	51,711
Intervention *(Includes FIS)*	386
IOP/Day-Night	5
Medical Services	6,217
Outpatient *(Includes FIT, MH, & Sulzbacher)*	14,252
Problem-Solving Courts	5,698
Recovery Connections	3
Residential *(Includes MH Residential)*	20,691
Total	127,556

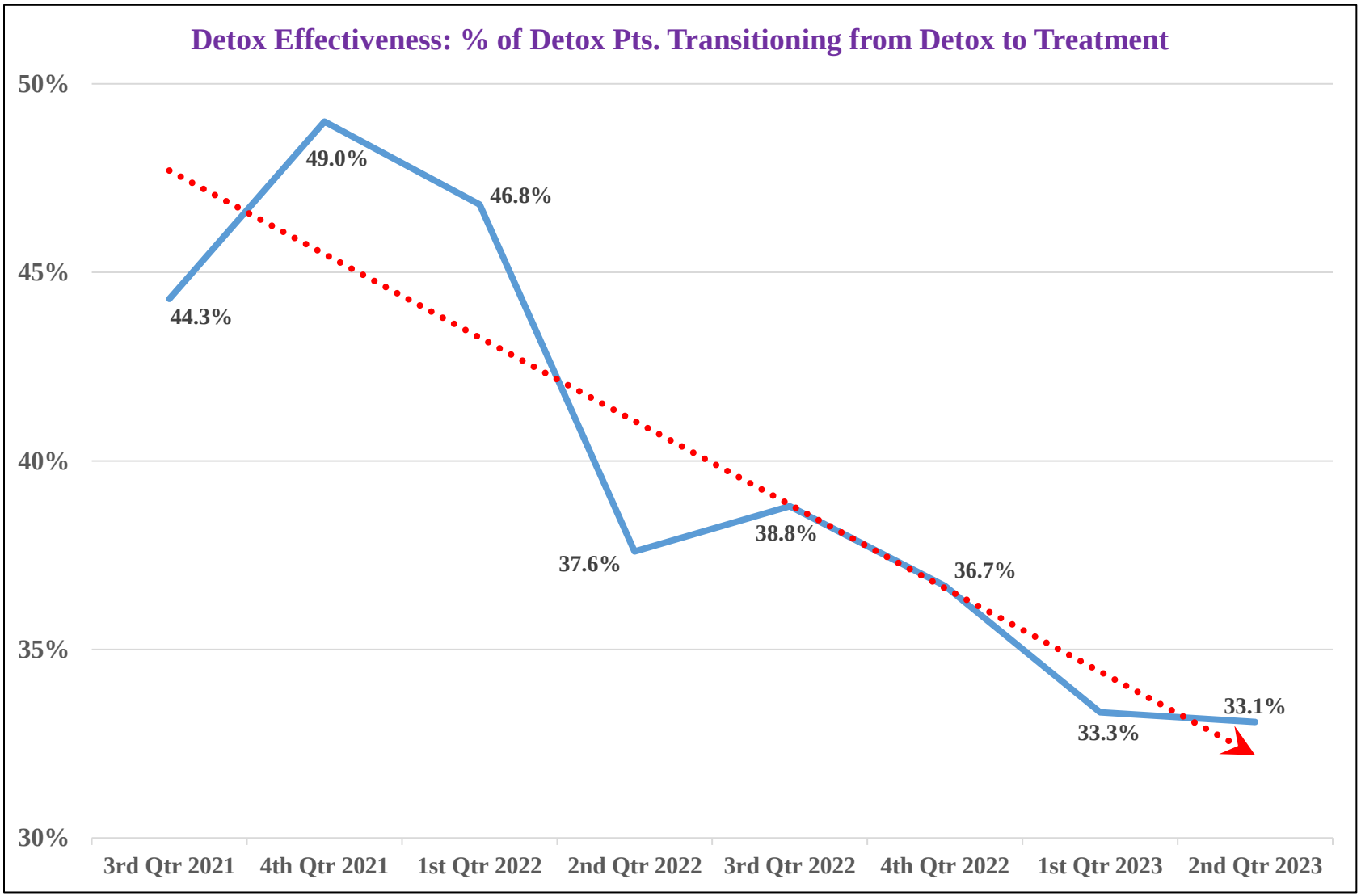
Annual Successful Completions by Program/Service

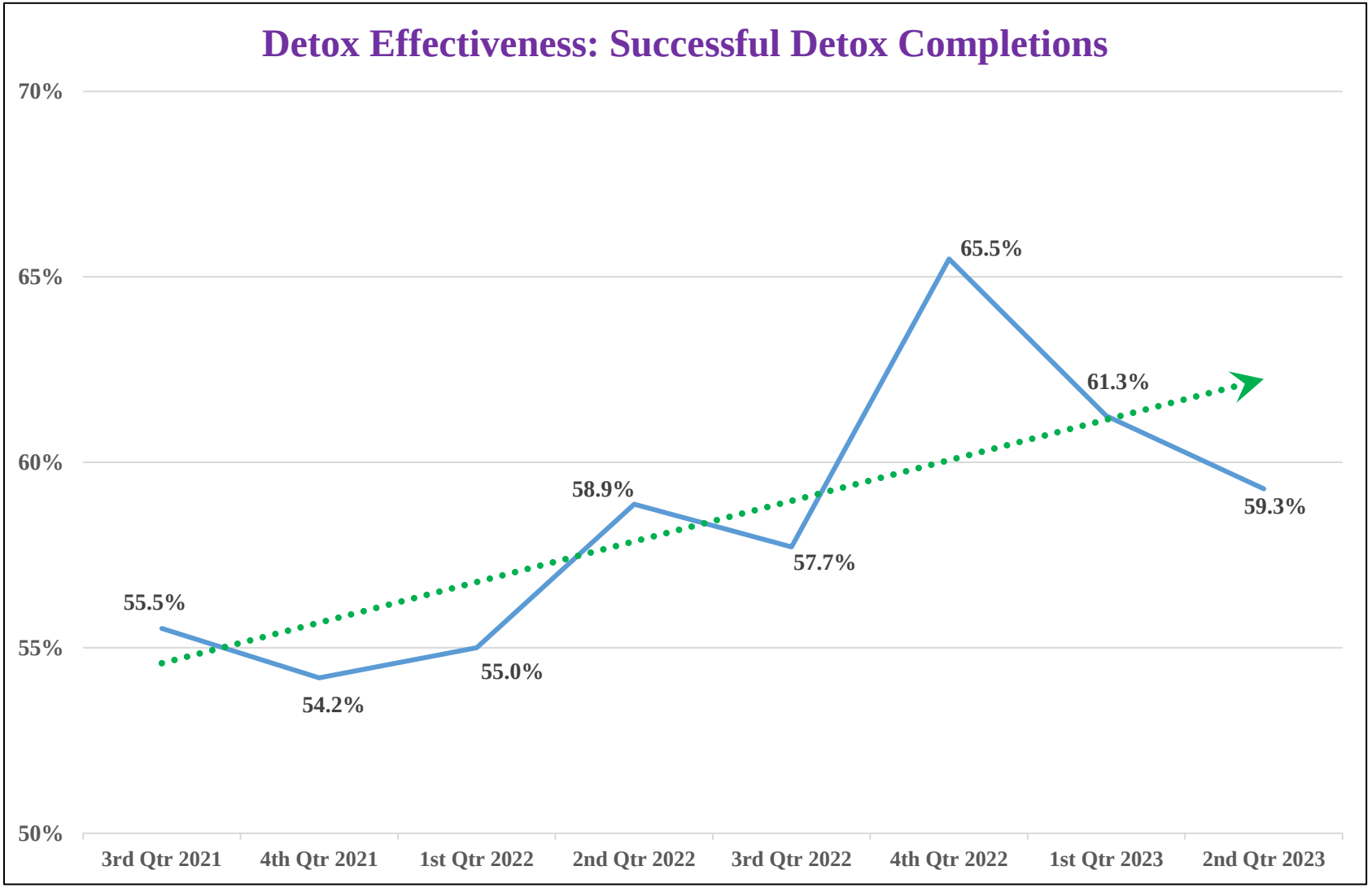
(Green = Above Target Red = Below Target)

PROGRAM	Avg FY 2018	Avg FY 2019	Avg FY 2020	Avg FY 2021	Avg FY 2022	Avg FY 2023	Overall Avg	Target
Adolescent Intervention	82.0%	98.9%	95.9%	95.8%	84.9%	85.2%	90.4%	> 55.0%
Adolescent Outpatient	67.5%	70.8%	94.5%	94.5%	75.5%	78.0%	80.1%	
Adolescent Residential	95.6%	95.5%	100.0%	97.2%	58.8%	35.2%	80.4%	
Adult Detox	72.4%	44.0%	44.4%	56.6%	55.9%	60.9%	55.7%	
Adult Intervention	59.5%	70.2%	68.8%	59.8%	59.7%	79.6%	66.3%	
Adult IOP	74.4%	92.2%	93.3%	100.0%	NA	100.0%	92.0%	
Adult Outpatient	74.4%	70.3%	90.6%	85.5%	43.5%	38.6%	67.1%	
Adult Residential	74.6%	65.6%	78.7%	61.9%	49.5%	49.2%	63.2%	
Problem-Solving Courts	NA	NA	100.0%	60.2%	61.5%	57.7%	69.8%	
Adolescent Average	79.4%	77.3%	83.7%	95.8%	73.1%	66.1%	79.2%	
Adult Average	74.0%	72.3%	83.4%	70.6%	54.0%	64.3%	69.8%	
Overall Avg for Year	75.0%	75.9%	85.1%	79.0%	61.2%	64.9%	73.9%	


Successful Completions Averages by Fiscal Year
100%
90%
80%
70%
60%
50%
79.4%
77.3%
85.1%
95.8%
73.1%
64.9%
75.0%
75.9%
83.7%
79.0%
61.2%
64.3%
74.0%
72.3%
83.4%
70.6%
54.0%
66.1%
Avg FY 2018
Avg FY 2019
Avg FY 2020
Avg FY 2021
Avg FY 2022
Avg FY 2023
Adolescent Average
Adult Average
Overall Avg for Year


Detox Access: Average Daily Detox Census
20
19
18
17
16
15
14
13
19.7
16.9
13.9
15.5
15.9
16.1
17.2
16.0
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Detox Effectiveness: % of Detox Pts. Transitioning from Detox to Treatment
50%
45%
40%
35%
30%
44.3%
49.0%
46.8%
37.6%
38.8%
36.7%
33.3%
33.1%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Detox Effectiveness: Successful Detox Completions
70%
65%
60%
55%
50%
55.5%
54.2%
55.0%
58.9%
57.7%
65.5%
61.3%
59.3%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023

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Detox: 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	Average	Target
None	3.2	3.4	3.5	3.1	3.1	3.6	3.3	3.3	> 3

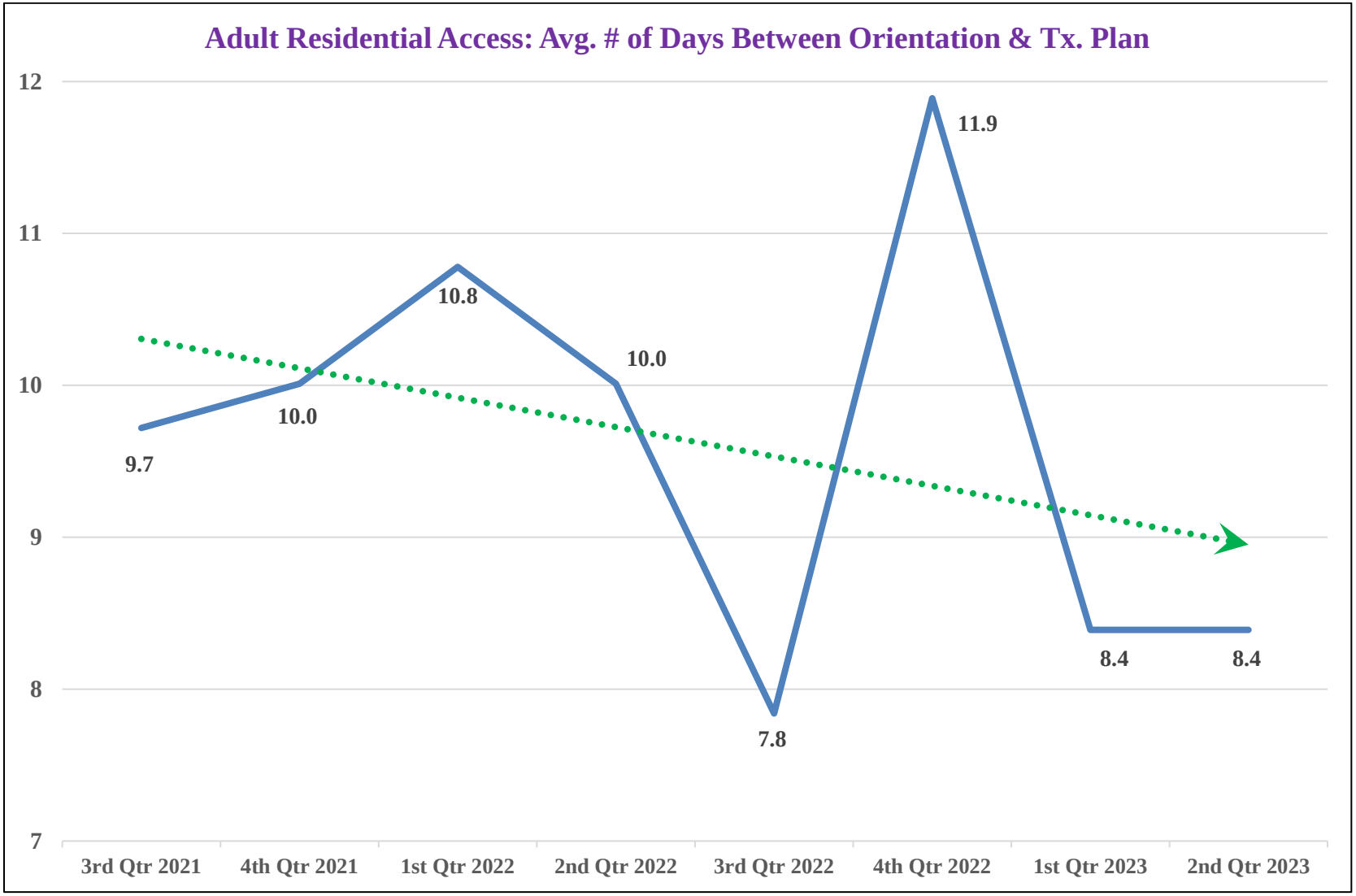
Detox - Overall Employee Satisfaction

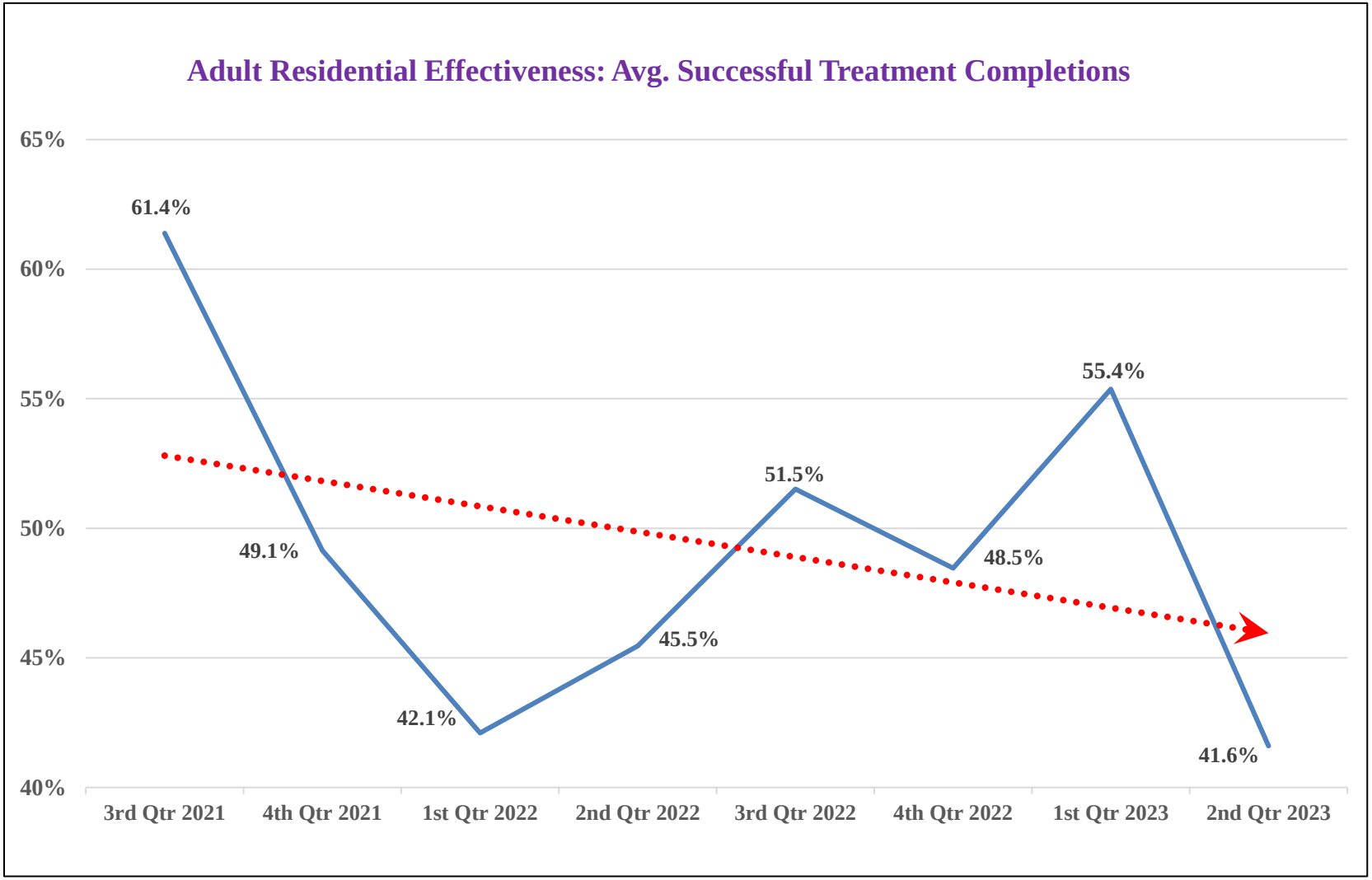
2022	2023	Average	Target
64.8%	42.3%	53.6%	> 75%

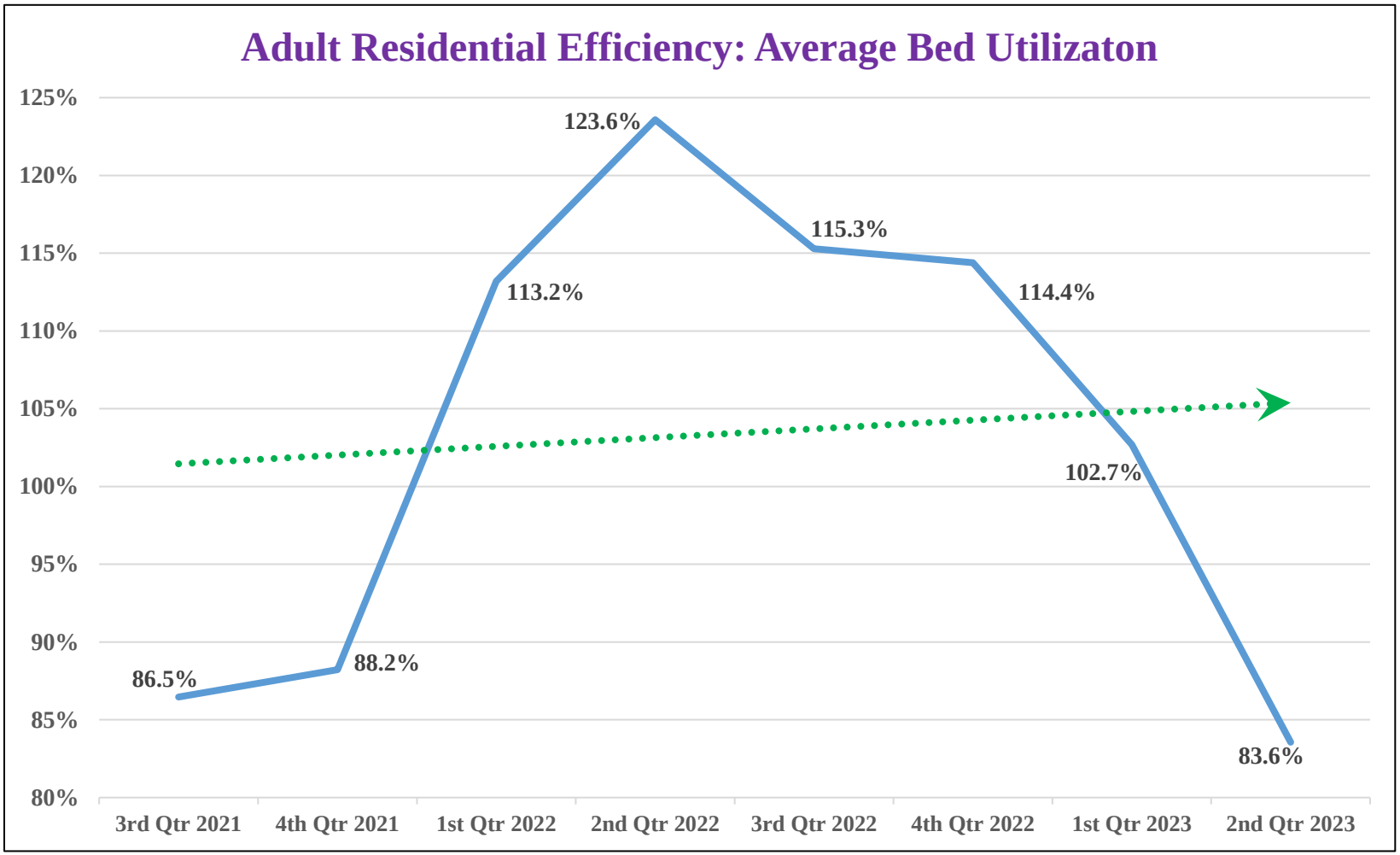
Detox - Overall Key Stakeholder Satisfaction

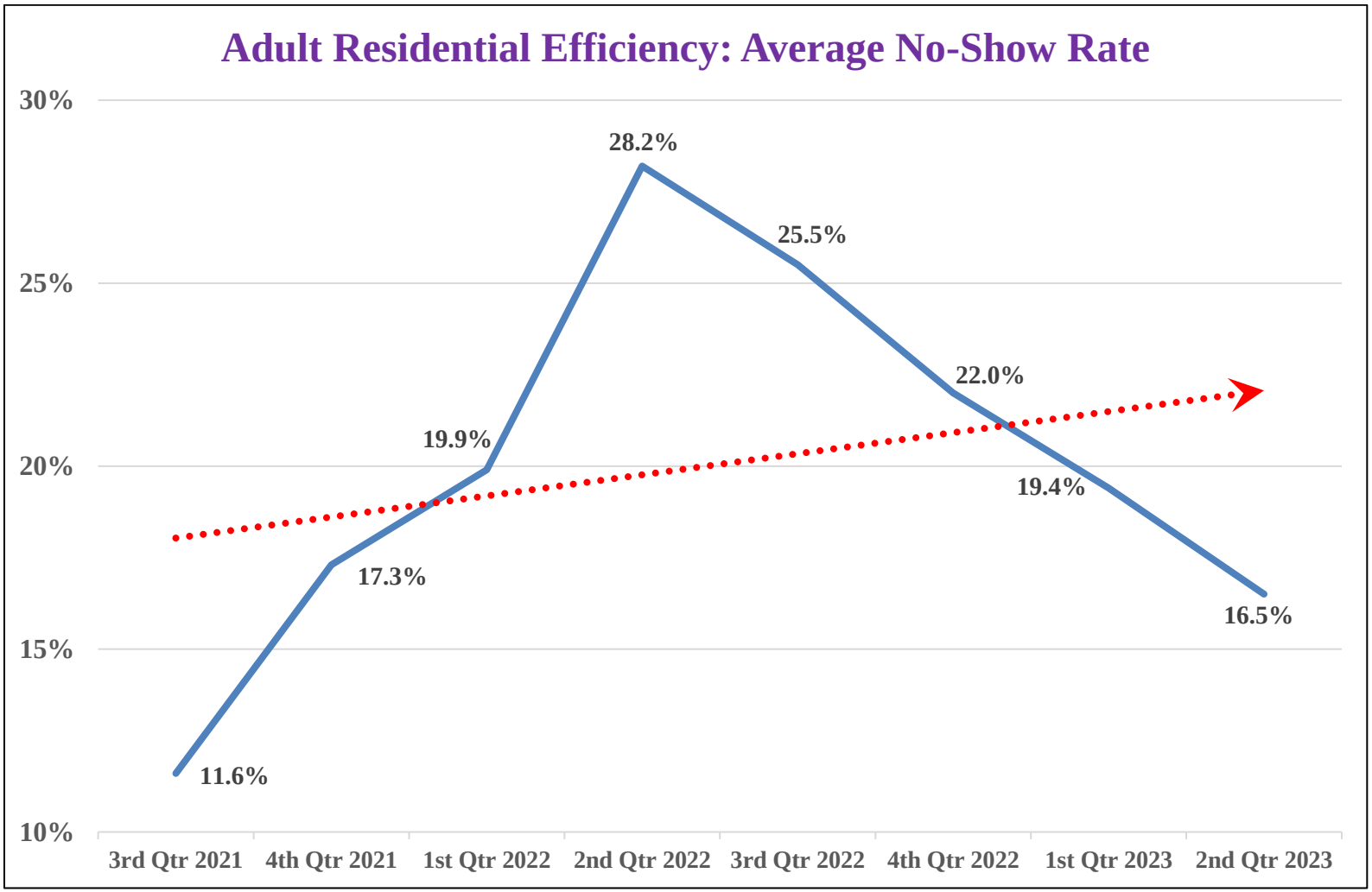
2022	2023	Average	Target
69.0%	100.0%	84.5%	> 75%

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023




Adult Residential Effectiveness: Avg. Successful Treatment Completions
65%
60%
55%
50%
45%
40%
61.4%
49.1%
42.1%
45.5%
51.5%
48.5%
55.4%
41.6%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adult Residential Efficiency: Average Bed Utilizaton
125%
120%
115%
110%
105%
100%
95%
90%
85%
80%
86.5%
88.2%
113.2%
123.6%
115.3%
114.4%
102.7%
83.6%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adult Residential Efficiency: Average No-Show Rate
30%
25%
20%
15%
10%
28.2%
25.5%
22.0%
19.9%
19.4%
17.3%
16.5%
11.6%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023

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Adult Residential: Patient Satisfaction Survey Results - Overall Satisfaction with Services

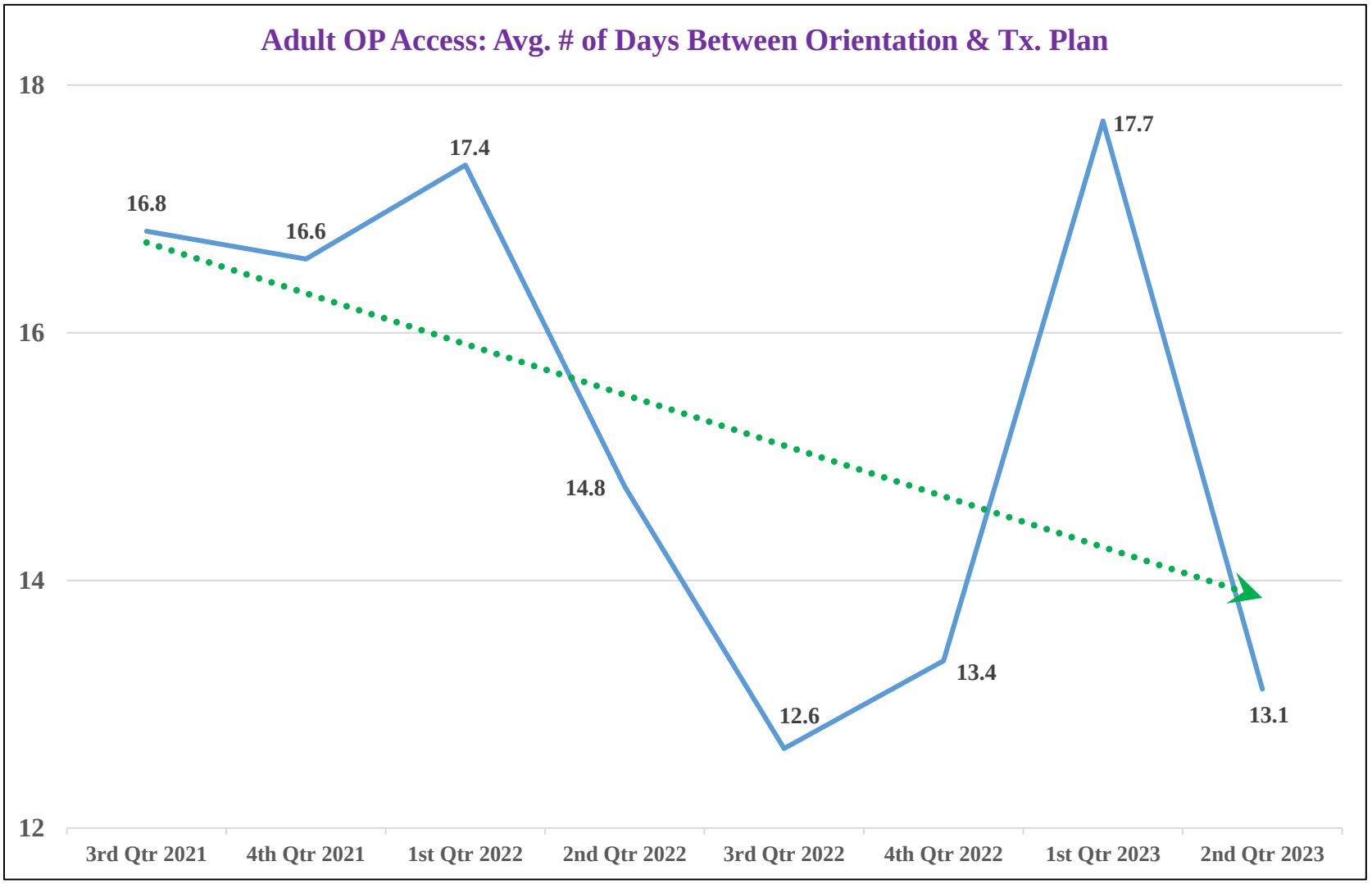
3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	Average	Target
2.9	3.3	3.4	3.3	3.0	3.1	3.1	3.1	3.2	> 3

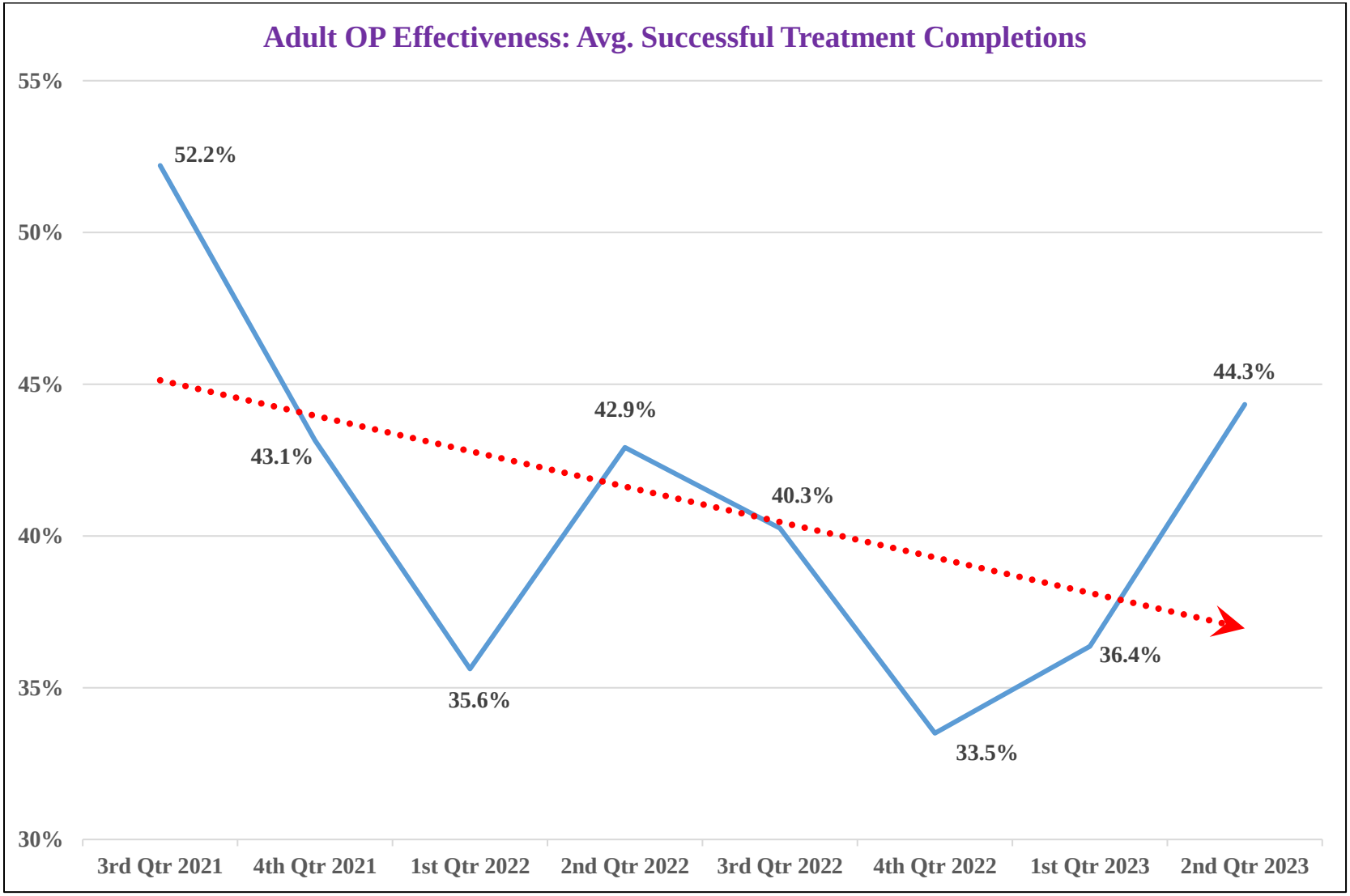
Adult Residential - Overall Employee Satisfaction

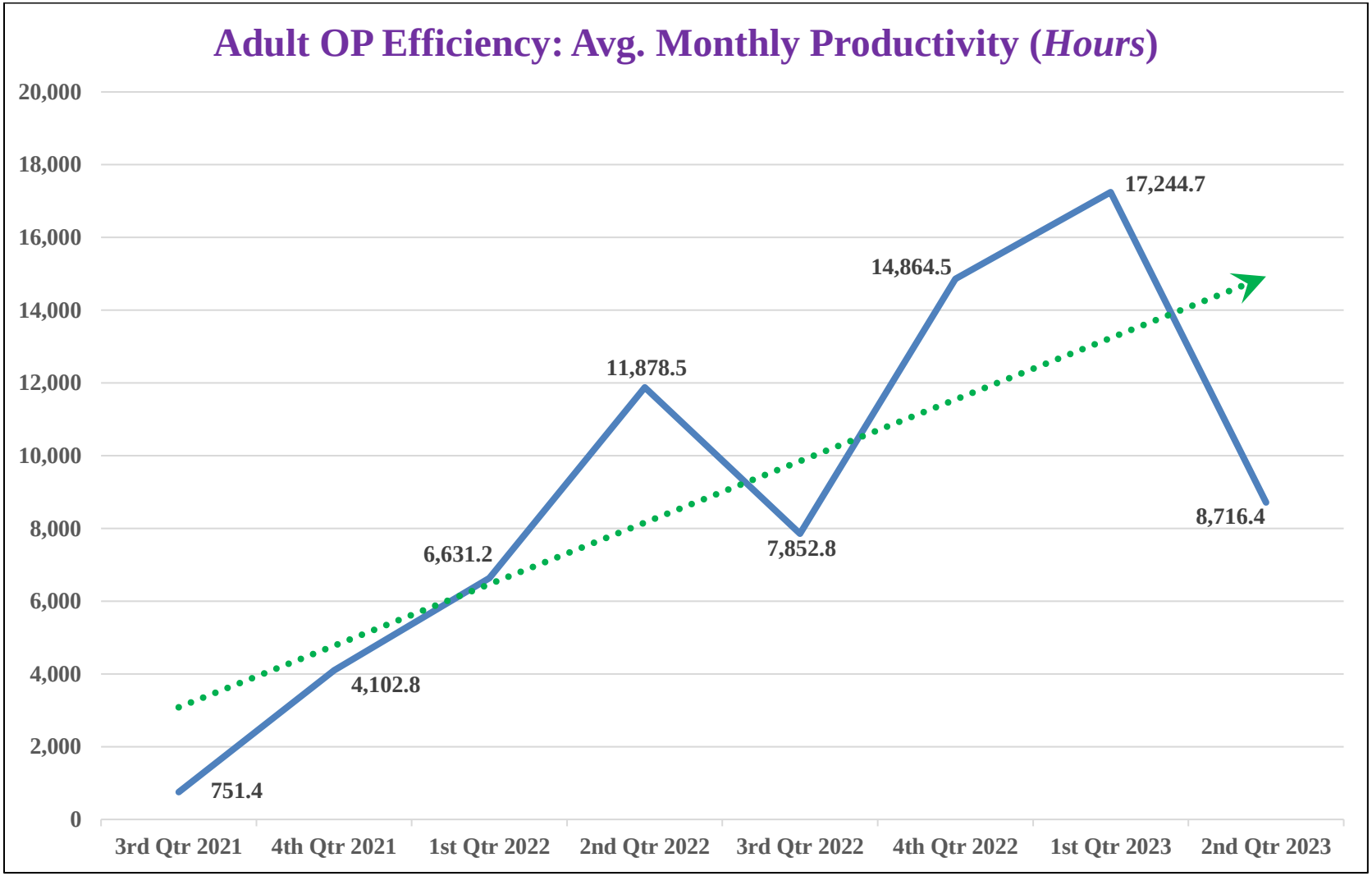
2022	2023	Average	Target
63.1%	77.6%	70.4%	> 75%

Adult Residential - Overall Key Stakeholder Satisfaction

2022	2023	Average	Target
86.1%	75.0%	80.6%	> 75%


Adult OP Access: Avg. # of Days Between Orientation & Tx. Plan
18
16
14
12
16.8
16.6
17.4
14.8
12.6
13.4
17.7
13.1
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adult OP Effectiveness: Avg. Successful Treatment Completions
55%
50%
45%
40%
35%
30%
52.2%
43.1%
35.6%
42.9%
40.3%
33.5%
36.4%
44.3%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adult OP Efficiency: Avg. Monthly Productivity (*Hours*)
20,000
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
751.4
4,102.8
6,631.2
11,878.5
7,852.8
14,864.5
17,244.7
8,716.4
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023

Adult OP: 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	Average	Target
3.3	3.3	3.9	3.6	3.4	3.4	3.4	3.1	3.4	> 3

Adult Outpatient - Overall Employee Satisfaction

2022	2023	Average	Target
64.0%	79.1%	71.6%	> 75%

Adult Outpatient - Overall Key Stakeholder Satisfaction

2022	2023	Average	Target
87.5%	87.5%	87.5%	> 75%

Adult IOP Outcomes

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

3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	Average	Target
NA	NA	6.0	NA	NA	NA	NA	NA	6.0	< 7

Adult IOP Effectiveness: Average Successful Treatment Completions

3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	Average	Target
NA	NA	100%	100%	NA	NA	100%	NA	100%	> 50%

Adult IOP Efficiency: Avg. Monthly Productivity *(Hours)*

3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	Average	Target
NA	NA	5.0	77.3	NA	NA	15.0	NA	32.3	> 30

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

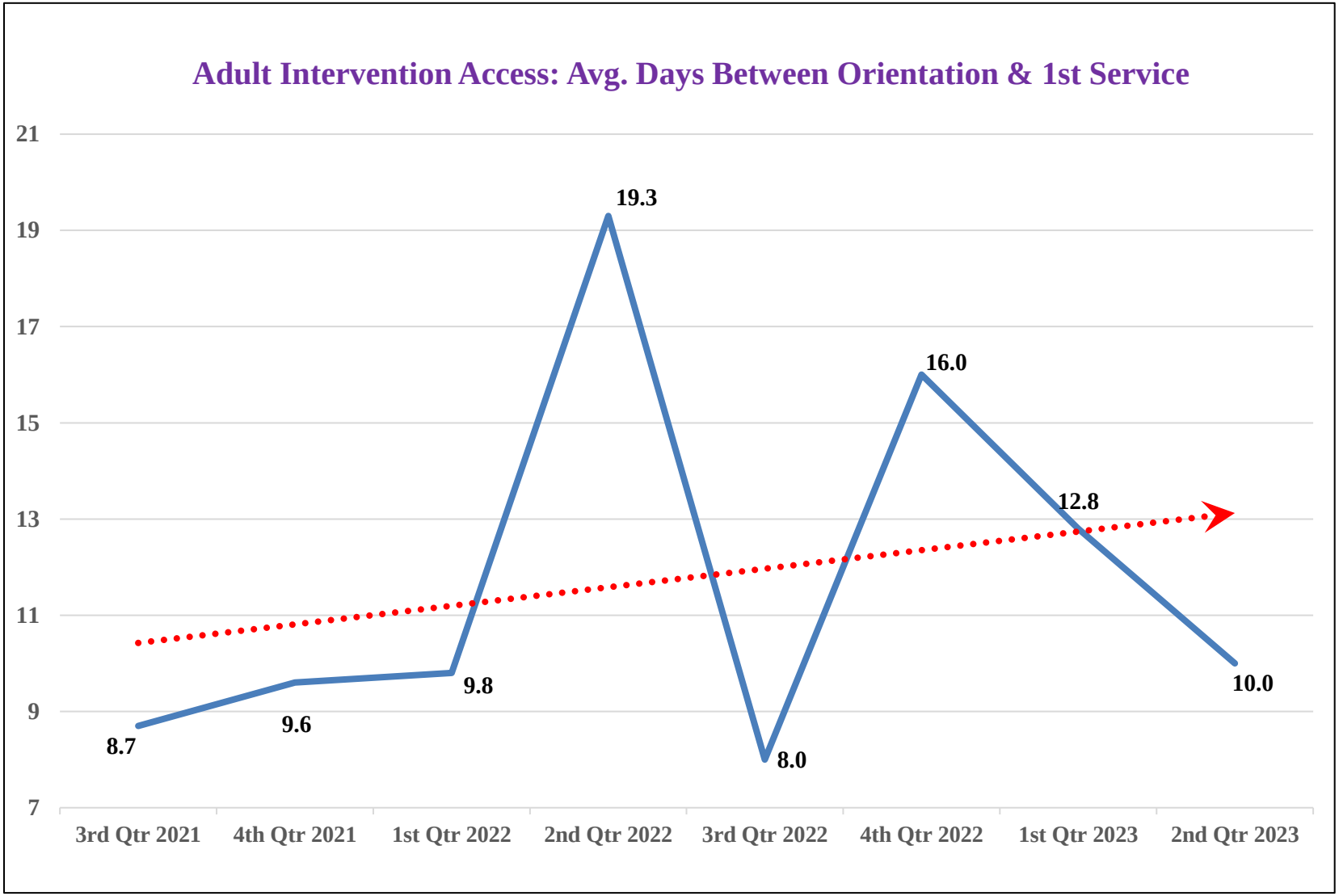
3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	Average	Target
None	None	None	None	None	None	None	None	None	> 3

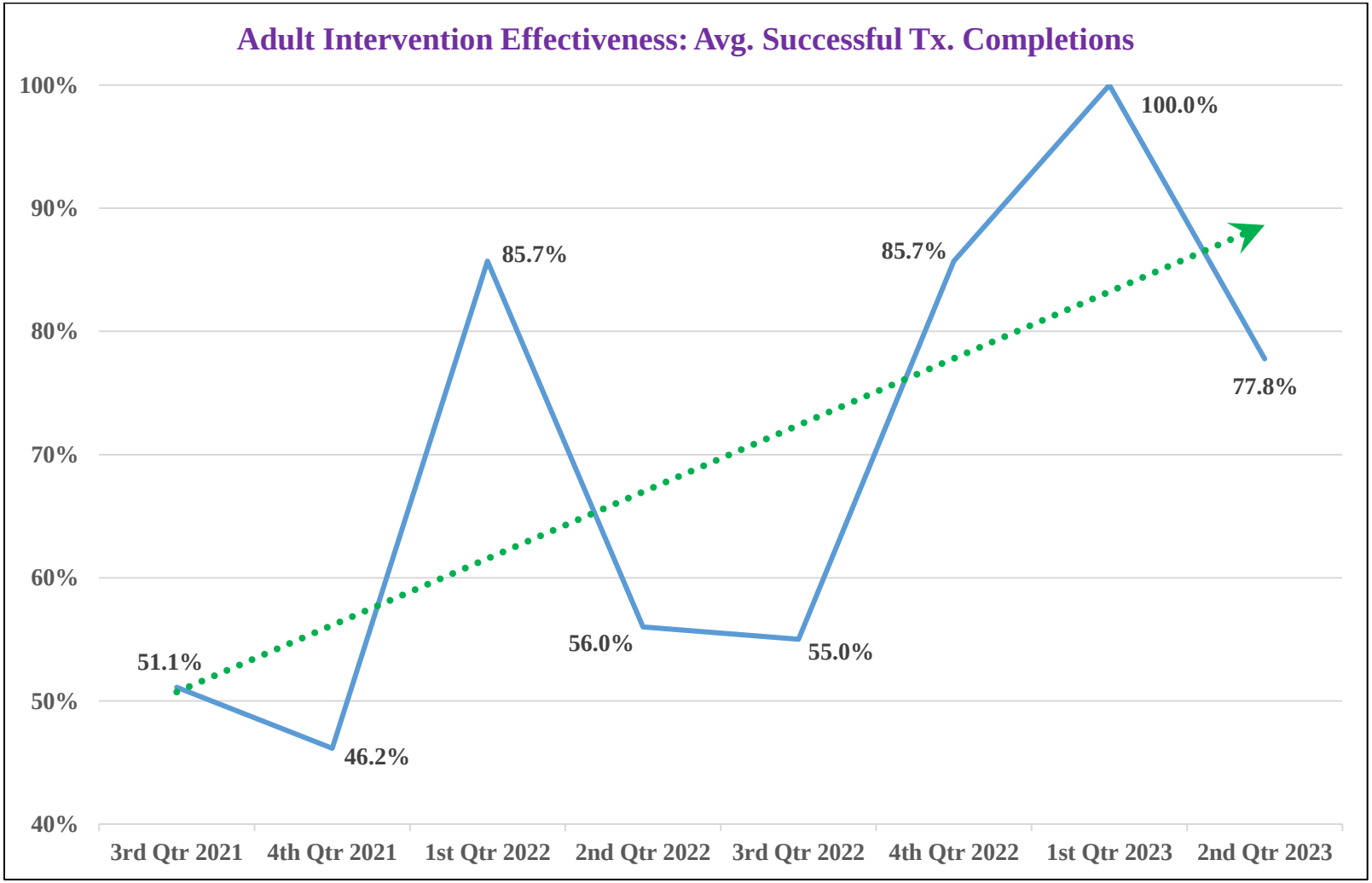
Adult IOP - Overall Employee Satisfaction

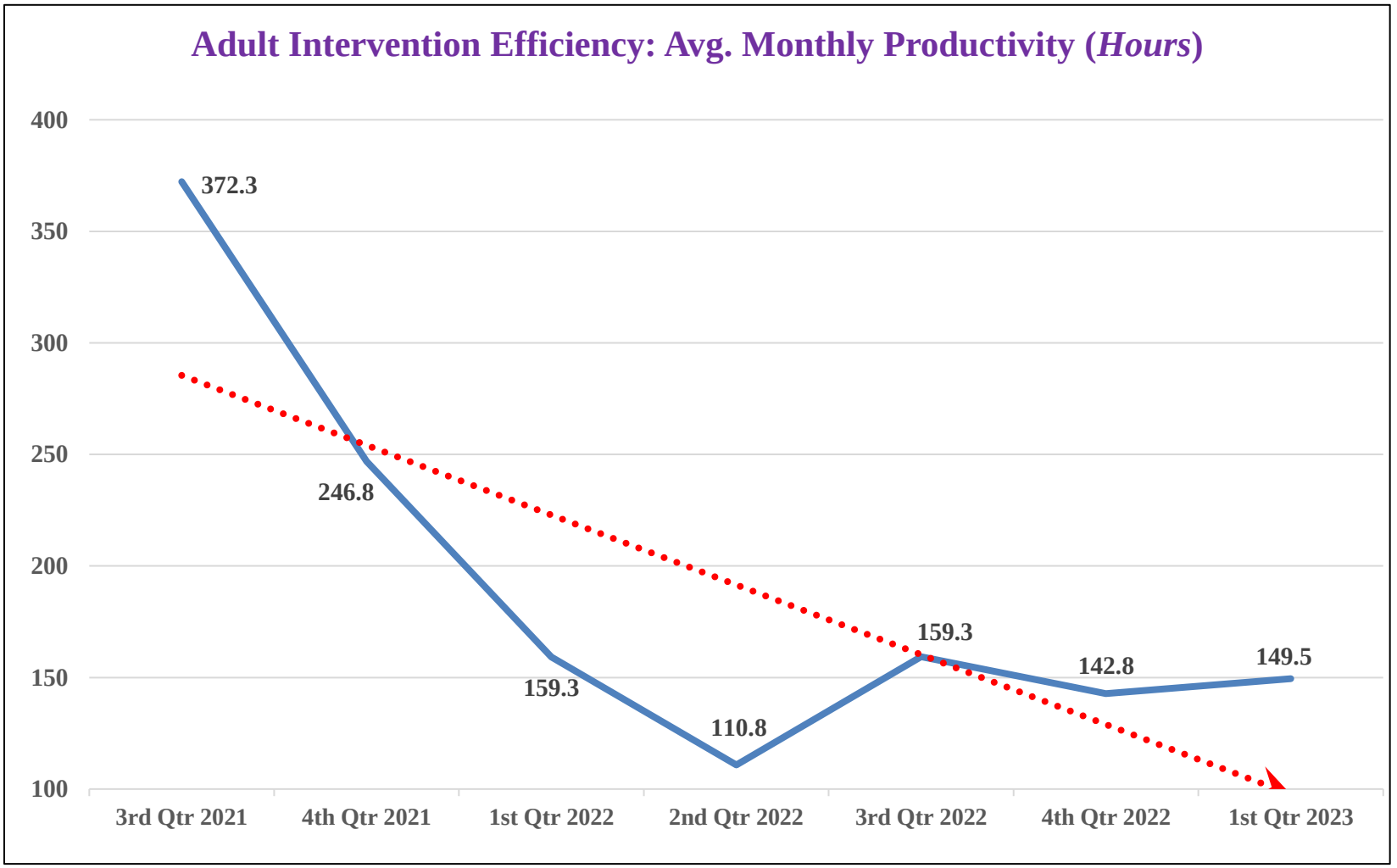
2022	2023	Average	Target
60.1%	None	60.1%	> 75%

Adult IOP - Overall Key Stakeholder Satisfaction

2022	2023	Average	Target
86.1%	None	86.1%	> 75%


Adult Intervention Access: Avg. Days Between Orientation & 1st Service
21
19
17
15
13
11
9
7
8.7
9.6
9.8
19.3
8.0
16.0
12.8
10.0
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adult Intervention Effectiveness: Avg. Successful Tx. Completions
100%
90%
80%
70%
60%
50%
40%
51.1%
46.2%
85.7%
56.0%
55.0%
85.7%
100.0%
77.8%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adult Intervention Efficiency: Avg. Monthly Productivity (*Hours*)
400
350
300
250
200
150
100
372.3
246.8
159.3
110.8
159.3
142.8
149.5
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023

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Adult Intervention: Patient Satisfaction Survey Results - Overall Satisfaction with Services

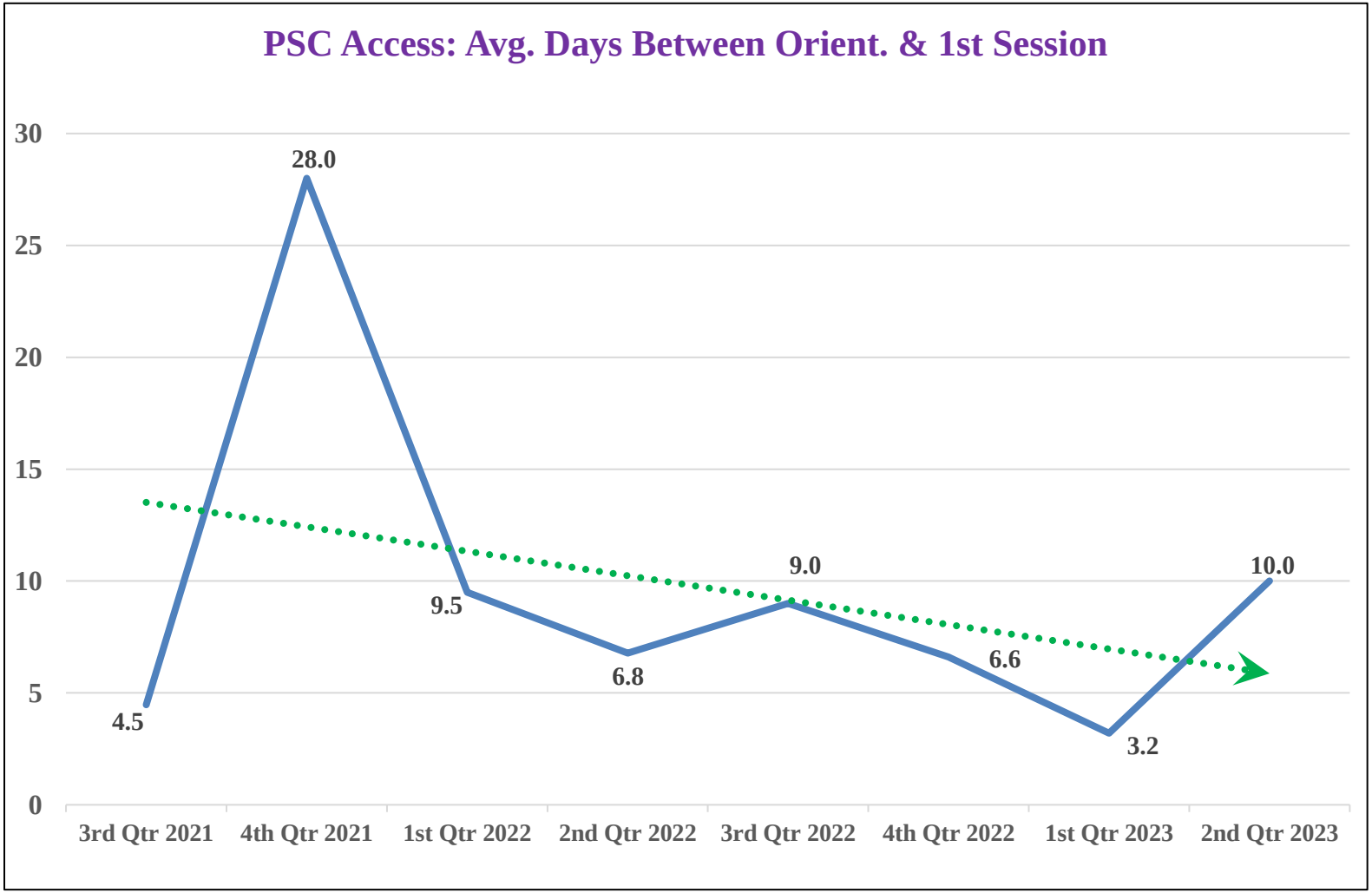
3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	Average	Target
None	3.5	3.8	3.6	None	None	3.8	None	3.7	> 3

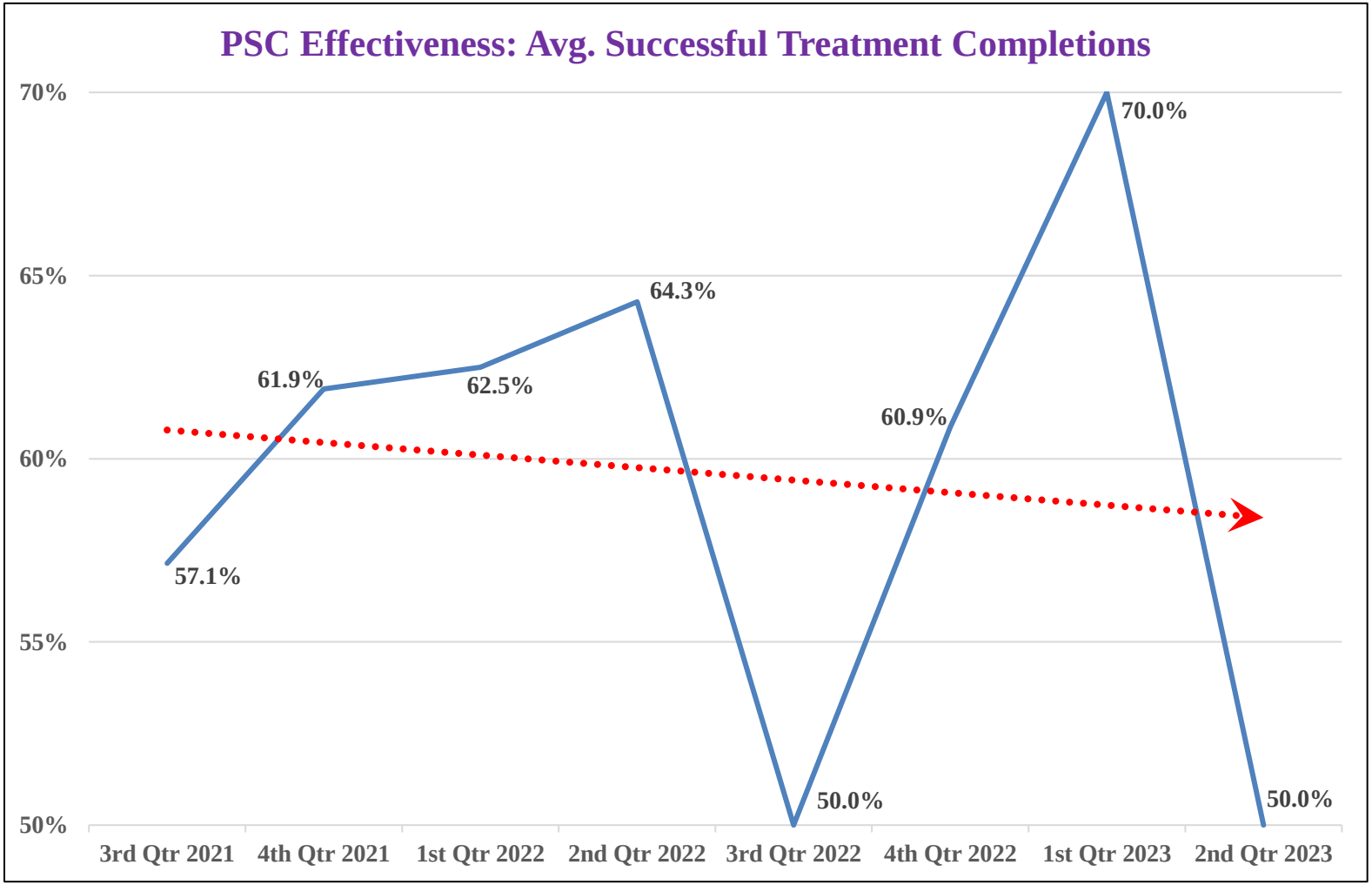
Adult Intervention - Overall Employee Satisfaction

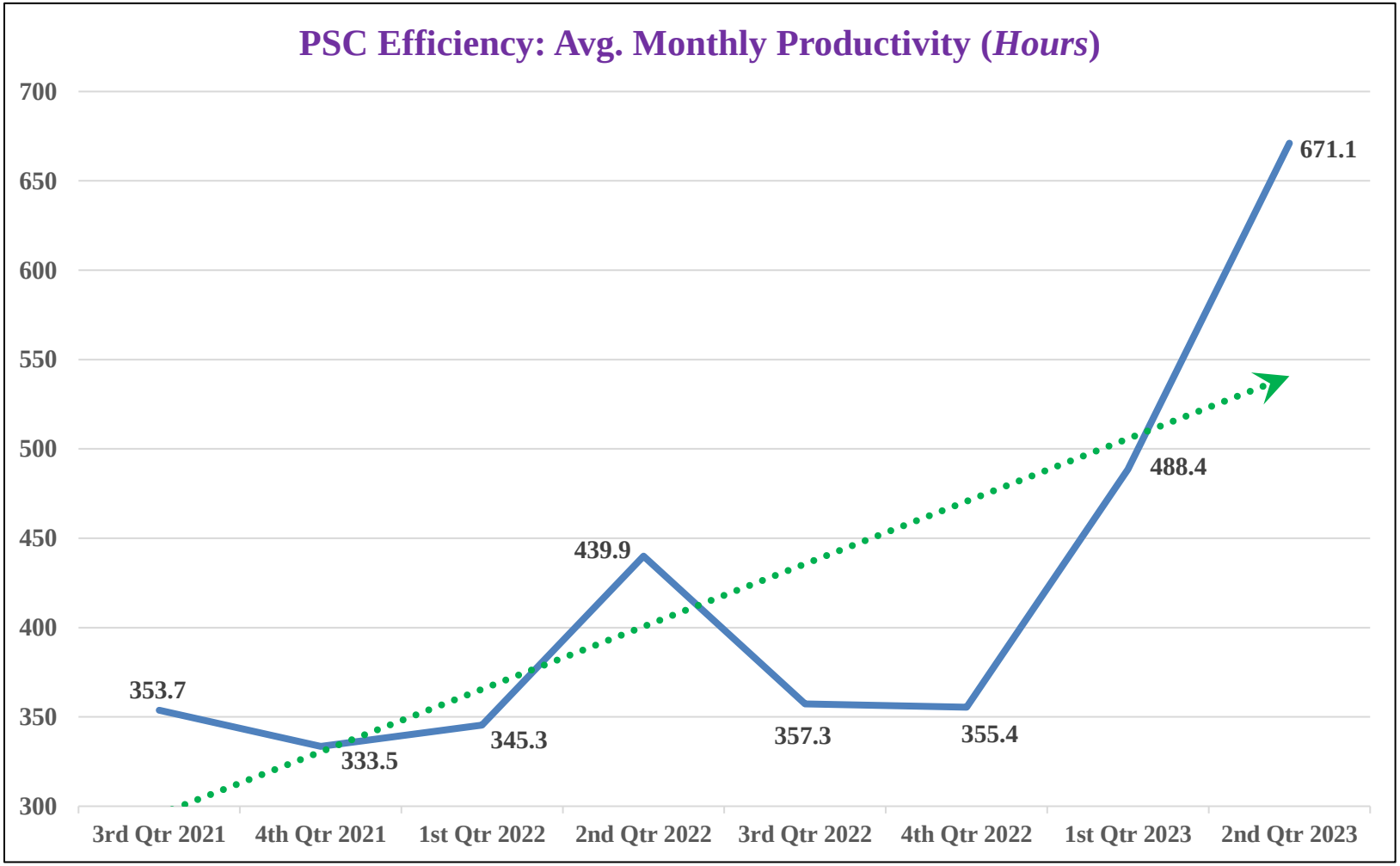
2022	2023	Average	Target
68.1%	73.7%	70.9%	> 75%

Adult Intervention - Overall Key Stakeholder Satisfaction

2022	2023	Average	Target
79.2%	100.0%	89.6%	> 75%


PSC Access: Avg. Days Between Orient. & 1st Session
30
25
20
15
10
5
0
28.0
4.5
9.5
6.8
9.0
6.6
3.2
10.0
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


PSC Effectiveness: Avg. Successful Treatment Completions
70%
65%
60%
55%
50%
57.1%
61.9%
62.5%
64.3%
50.0%
60.9%
70.0%
50.0%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


PSC Efficiency: Avg. Monthly Productivity (*Hours*)
700
650
600
550
500
450
400
350
300
353.7
333.5
345.3
439.9
357.3
355.4
488.4
671.1
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

PSC: Patient Satisfaction Survey Results - Overall Satisfaction with Services

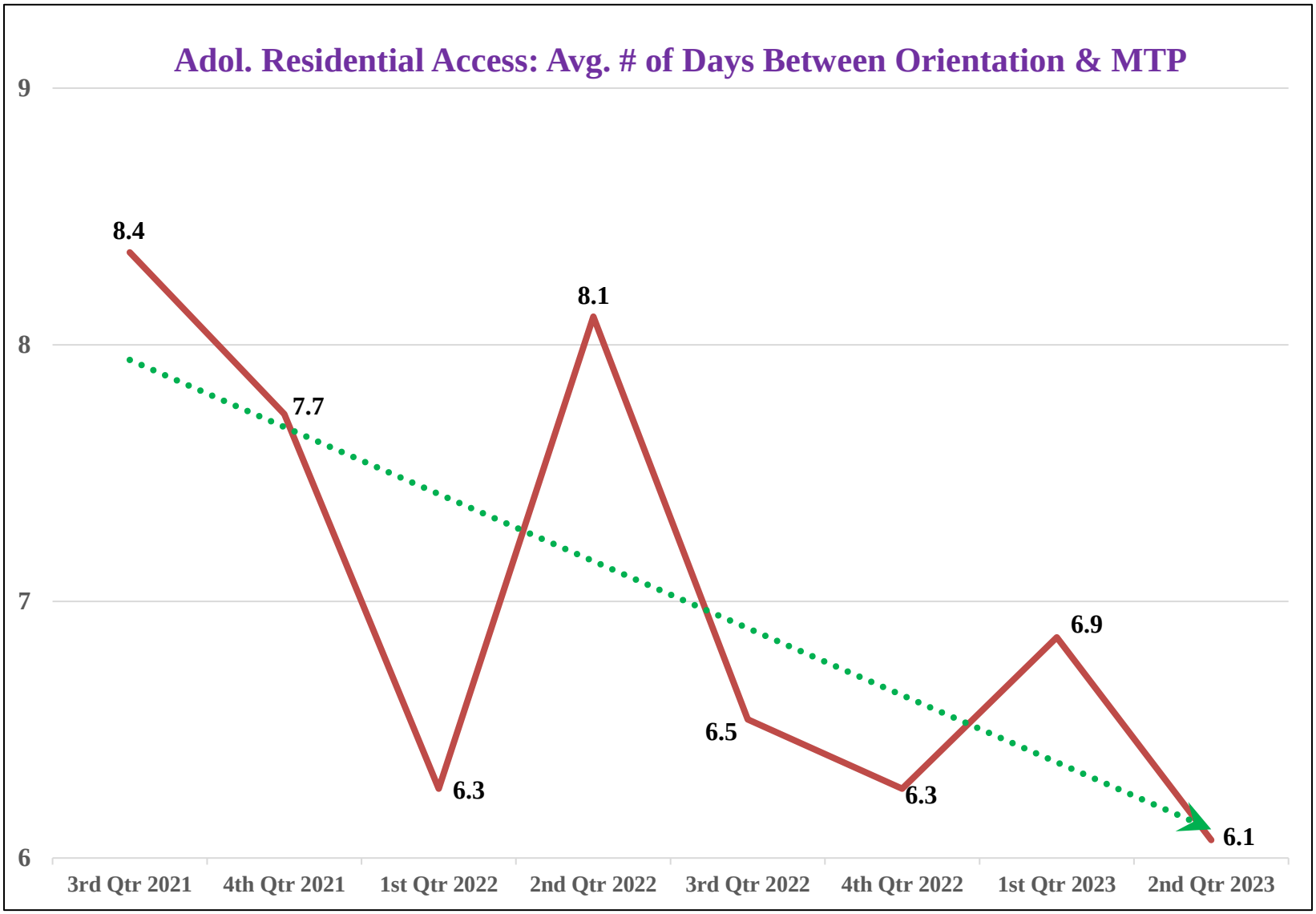
3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	Average	Target
3.5	3.5	3.5	3.6	3.5	3.5	3.4	3.6	3.5	> 3

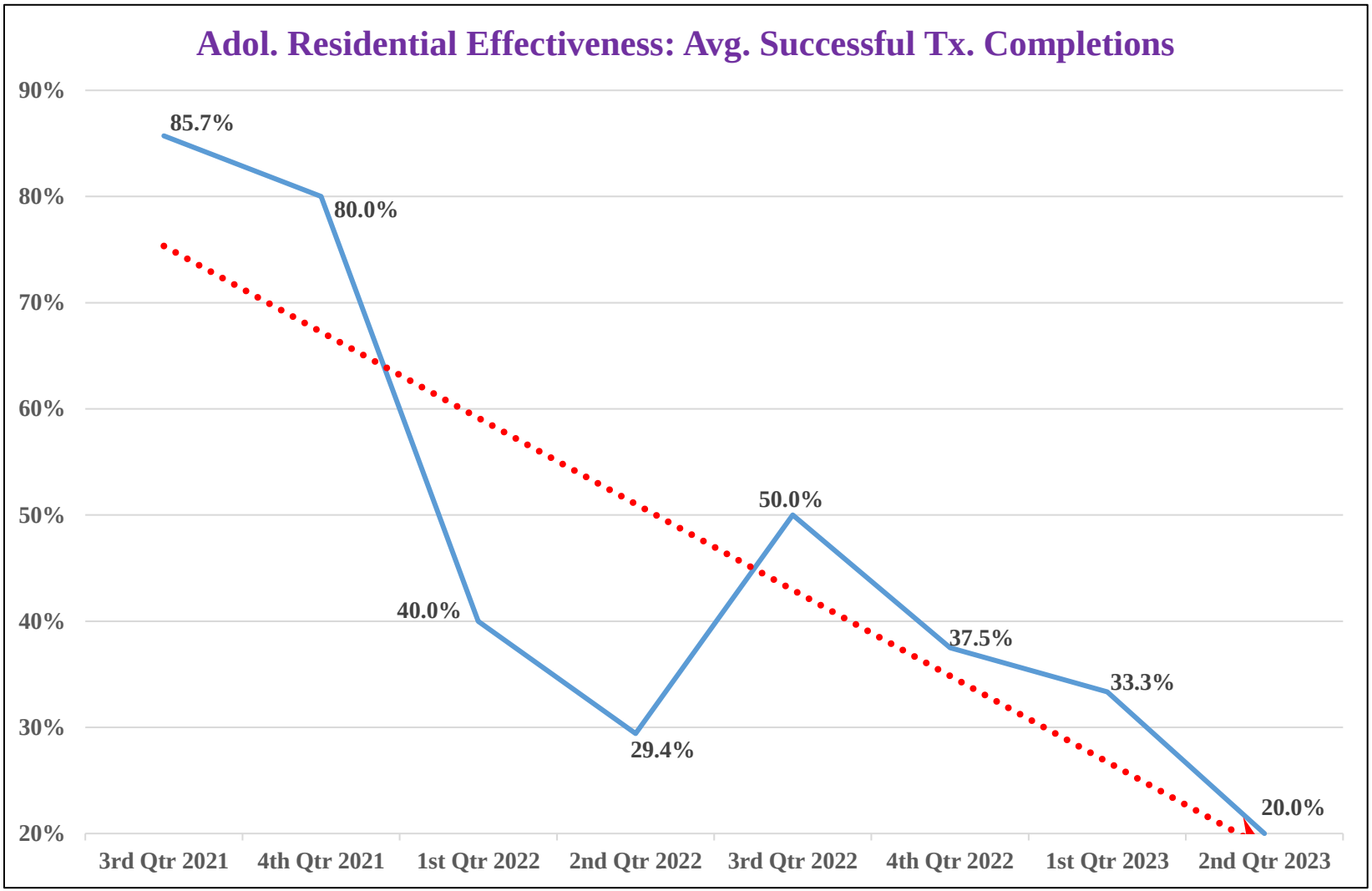
PSC - Overall Employee Satisfaction

2022	2023	Average	Target
77.9%	76.4%	77.2%	> 75%

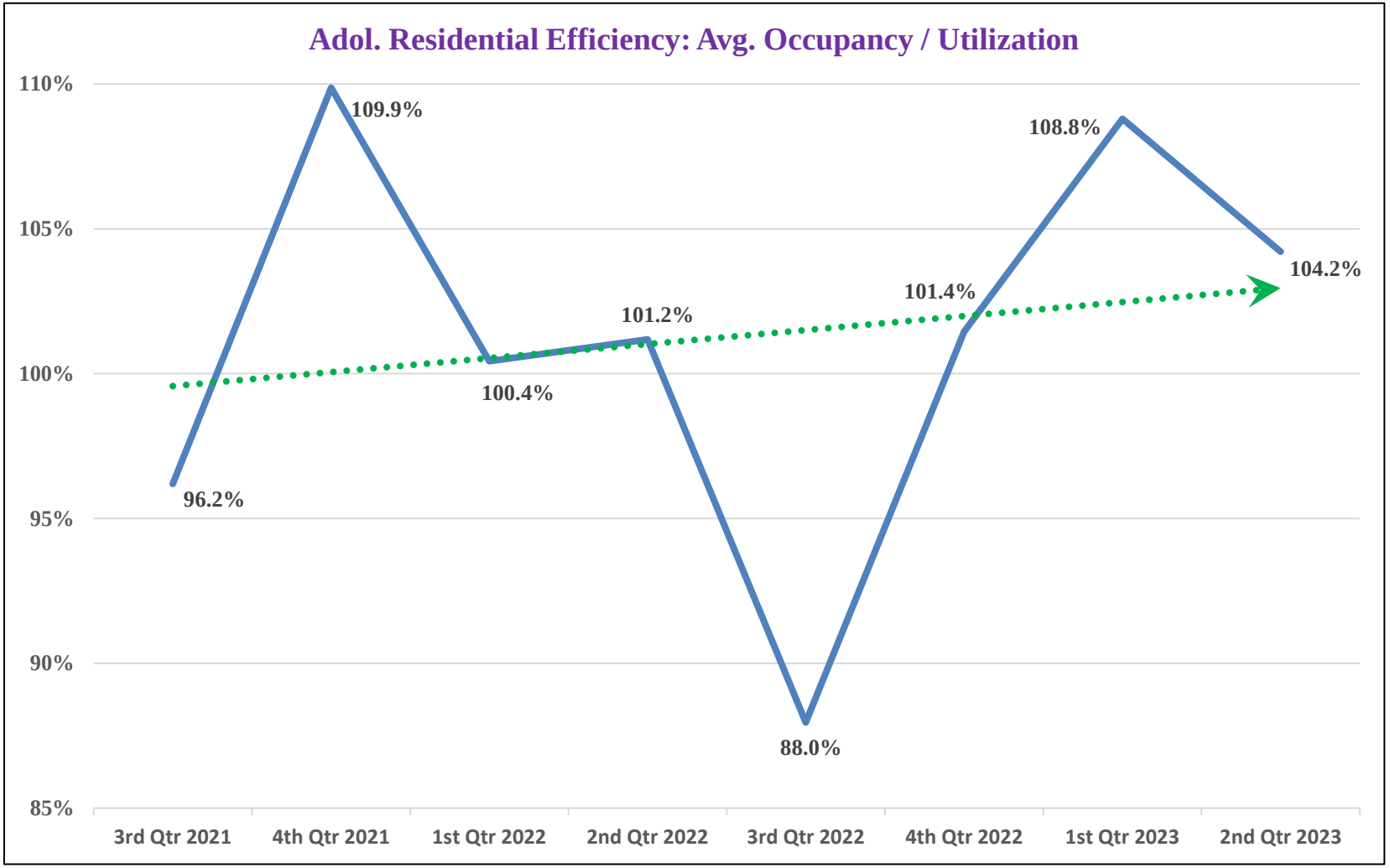
PSC - Overall Key Stakeholder Satisfaction

2022	2023	2024	Average	Target
None	66.7%		66.7%	> 75%


Adol. Residential Access: Avg. # of Days Between Orientation & MTP
9
8
7
6
8.4
7.7
6.3
8.1
6.5
6.3
6.9
6.1
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adol. Residential Effectiveness: Avg. Successful Tx. Completions
90%
80%
70%
60%
50%
40%
30%
20%
85.7%
80.0%
40.0%
29.4%
50.0%
37.5%
33.3%
20.0%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023



Adol. Residential: Patient Satisfaction Survey Results - Overall Satisfaction with Services

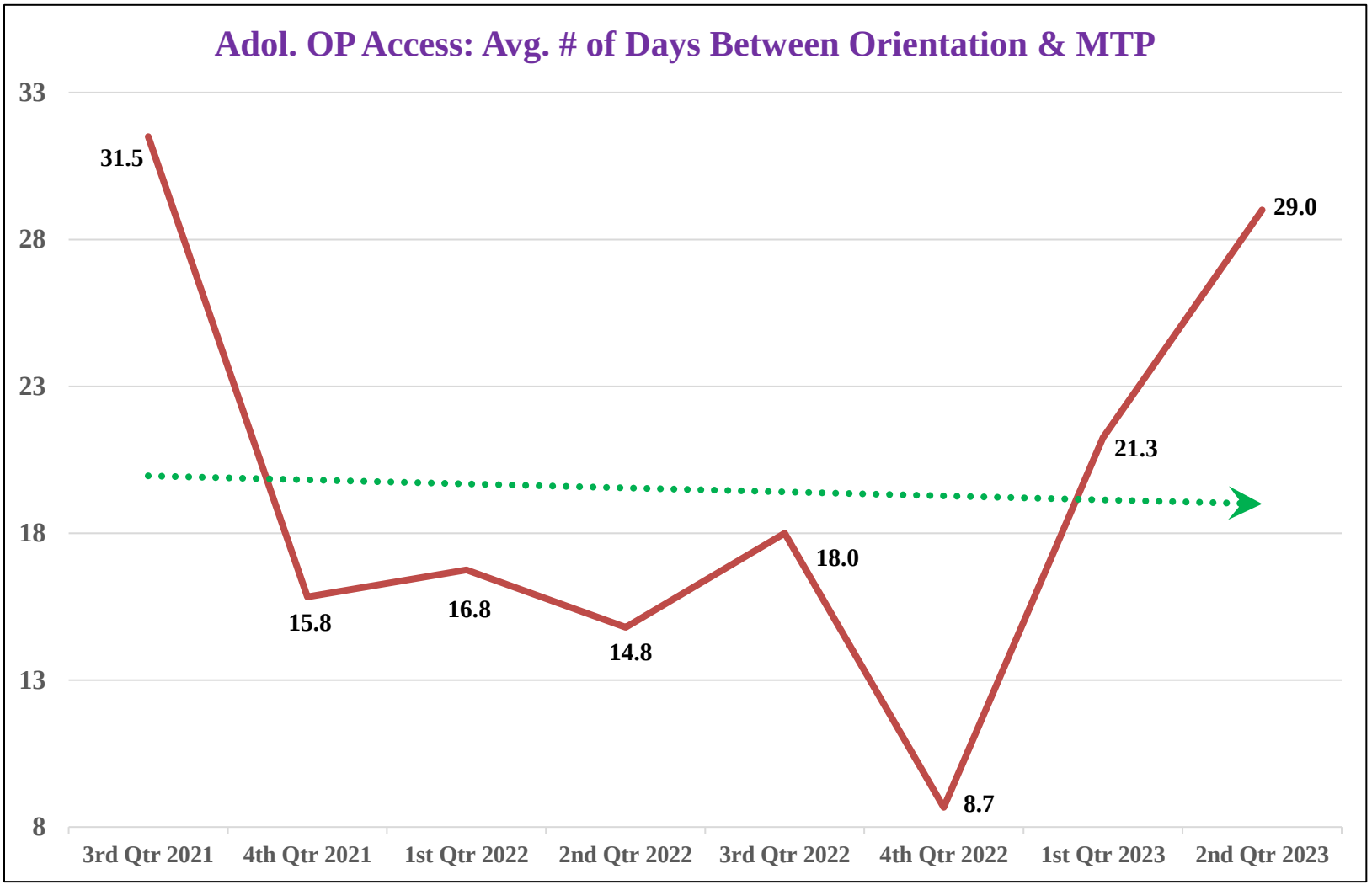
3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	Average	Target
None	2.5	2.6	1.8	2.6	2.8	2.7	2.2	2.4	> 3

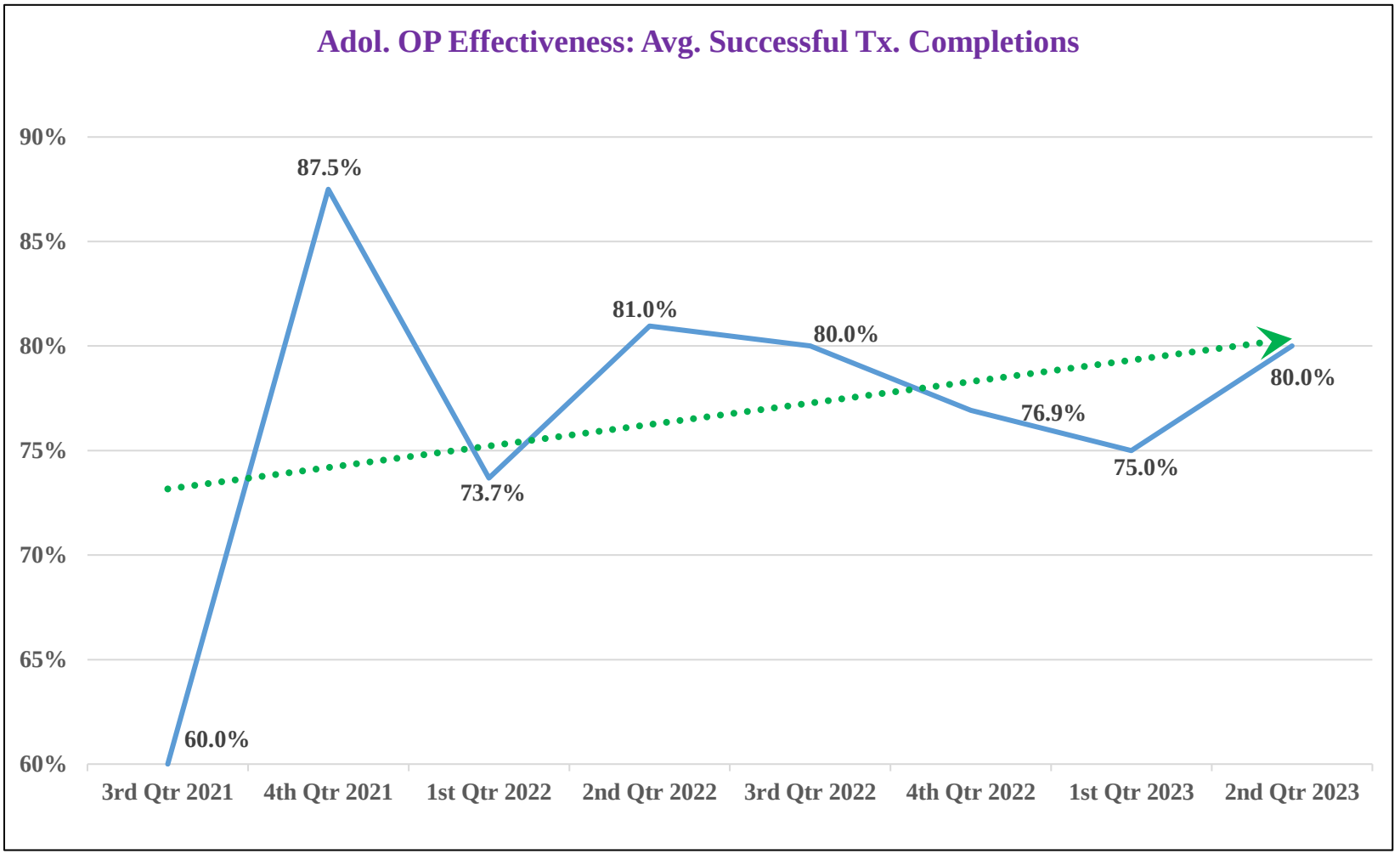
Adolescent Residential - Overall Employee Satisfaction

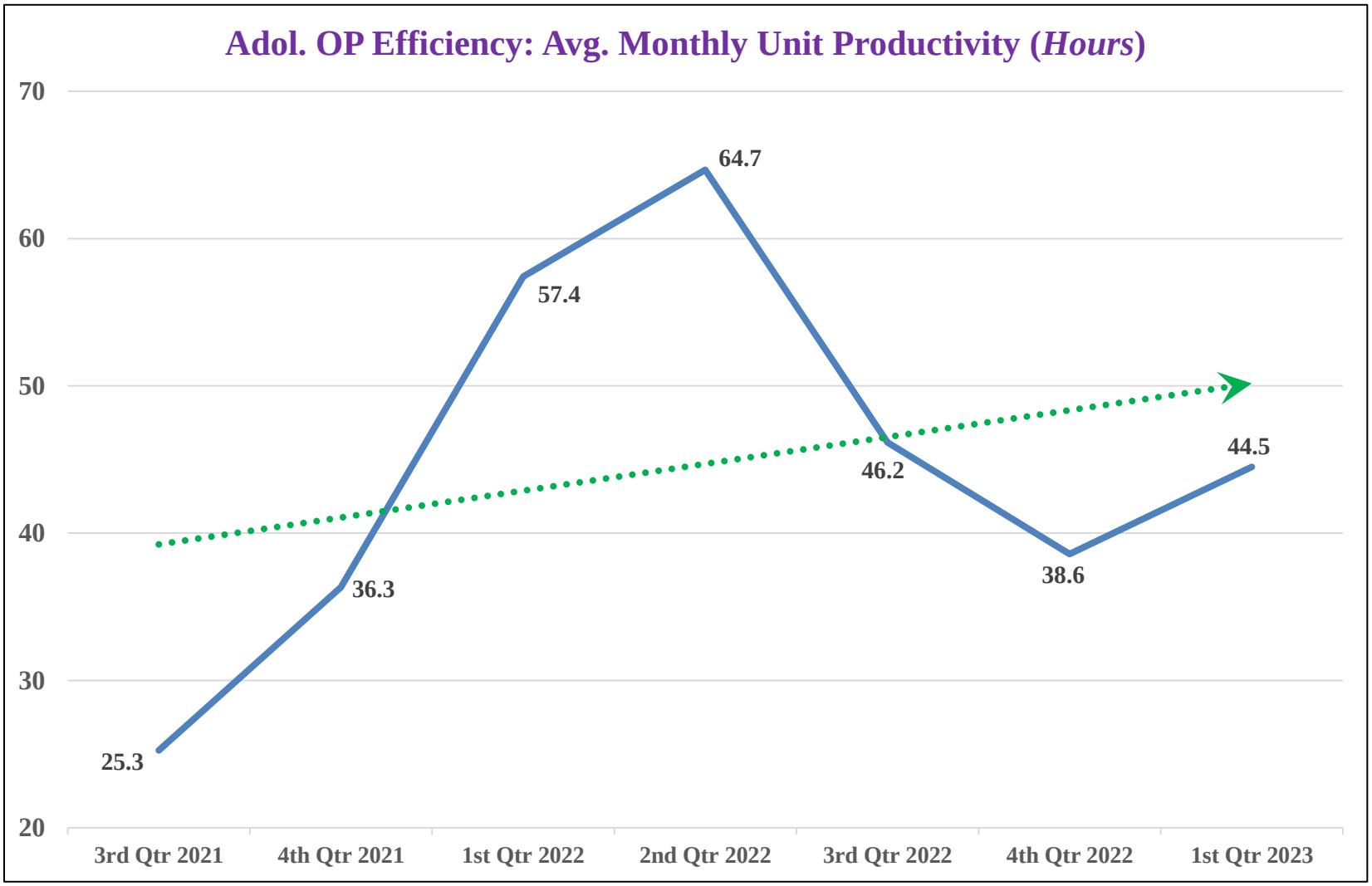
2022	2023	Average	Target
72.7%	83.1%	77.9%	> 75%

Adolescent Residential - Overall Key Stakeholder Satisfaction

2022	2023	Average	Target
86.1%	94.0%	90.1%	> 75%


Adol. OP Access: Avg. # of Days Between Orientation & MTP
33
28
23
18
13
8
31.5
15.8
16.8
14.8
18.0
8.7
21.3
29.0
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adol. OP Effectiveness: Avg. Successful Tx. Completions
90%
85%
80%
75%
70%
65%
60%
87.5%
81.0%
80.0%
76.9%
75.0%
80.0%
73.7%
60.0%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adol. OP Efficiency: Avg. Monthly Unit Productivity (*Hours*)
70
60
50
40
30
20
25.3
36.3
57.4
64.7
46.2
38.6
44.5
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023

Adol. OP: Patient Satisfaction Survey Results - Overall Satisfaction with Services

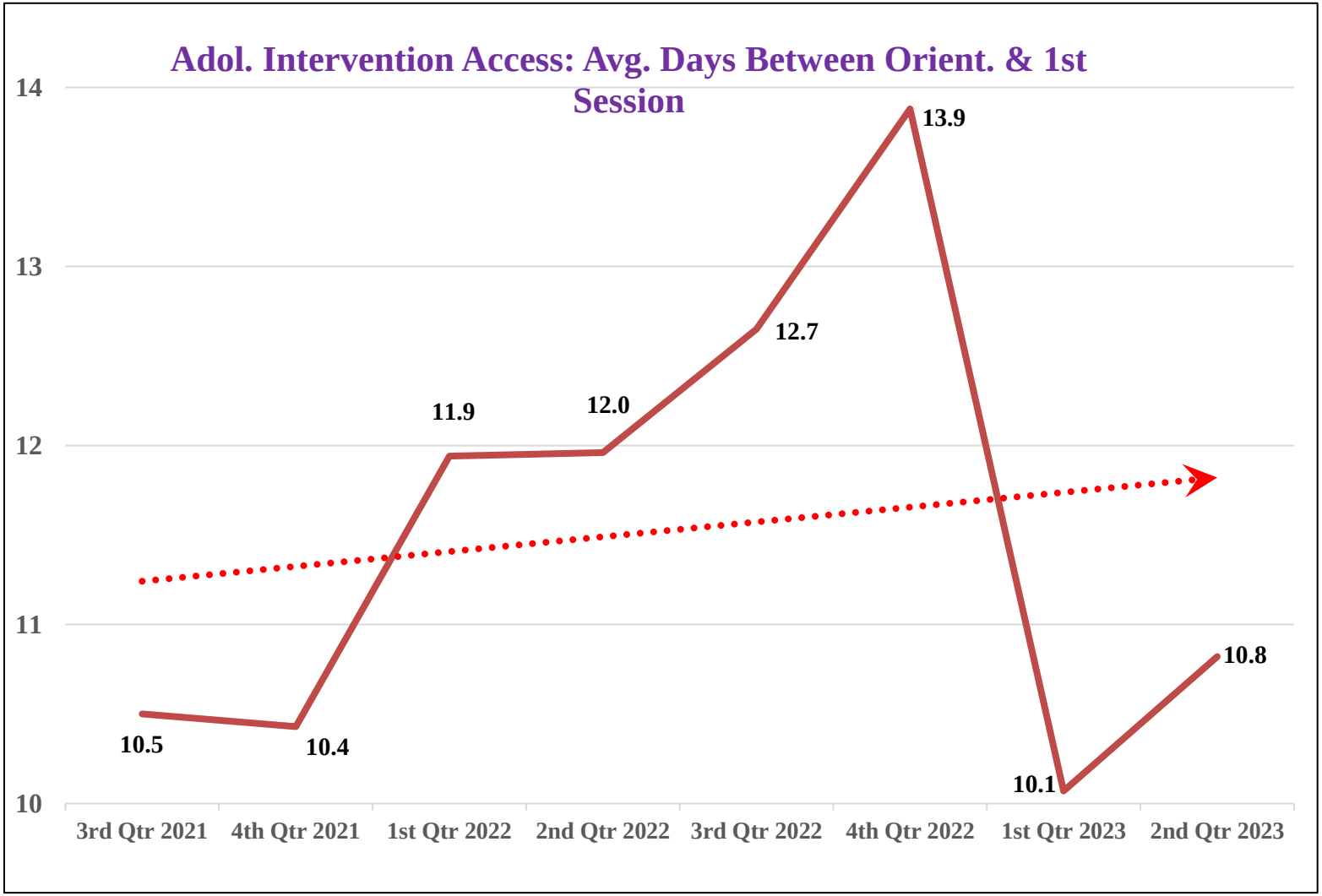
3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	Average	Target
None	3.5	3.4	3.6	3.8	3.5	3.4	3.4	3.5	> 3

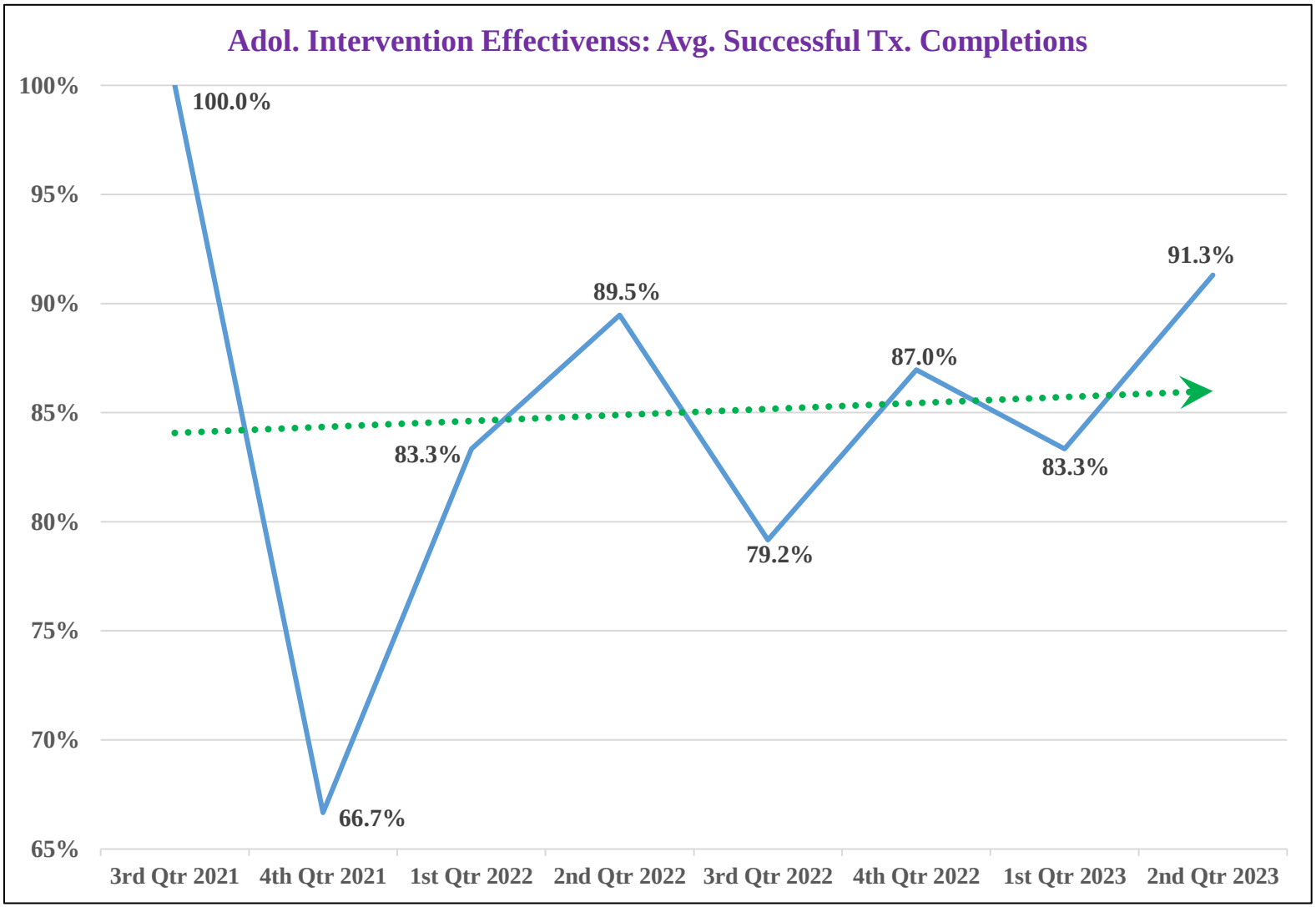
Adolescent Outpatient - Overall Employee Satisfaction

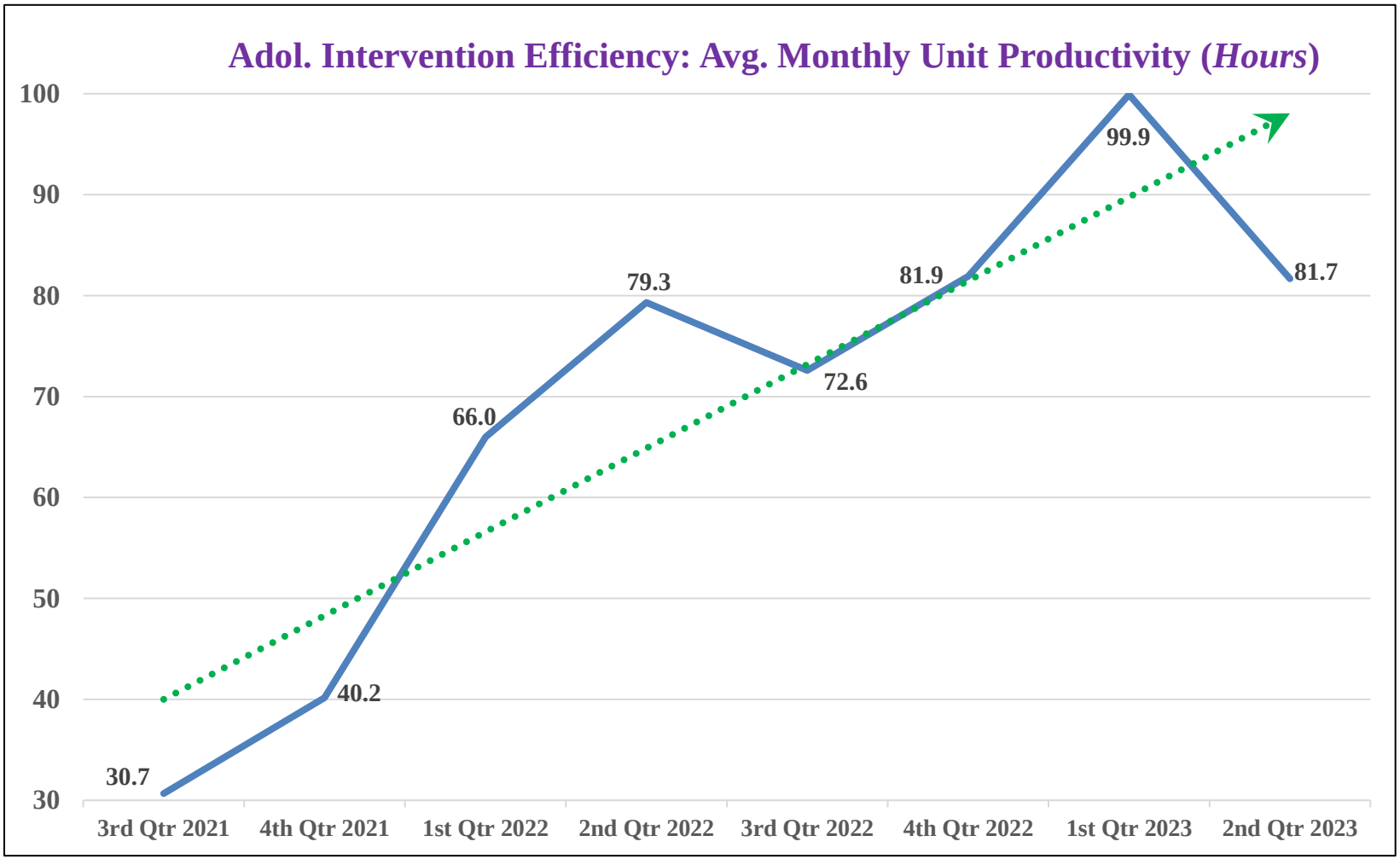
2022	2023	Average	Target
66.1%	75.2%	70.7%	> 75%

Adolescent Outpatient - Overall Key Stakeholder Satisfaction

2022	2023	Average	Target
87.5%	94.0%	90.8%	> 75%


Adol. Intervention Access: Avg. Days Between Orient. & 1st Session
14
13
12
11
10
10.5
10.4
11.9
12.0
12.7
13.9
10.1
10.8
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adol. Intervention Effectivenss: Avg. Successful Tx. Completions
100%
95%
90%
85%
80%
75%
70%
65%
100.0%
66.7%
83.3%
89.5%
79.2%
87.0%
83.3%
91.3%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023


Adol. Intervention Efficiency: Avg. Monthly Unit Productivity (*Hours*)
100
90
80
70
60
50
40
30
30.7
40.2
66.0
79.3
72.6
81.9
99.9
81.7
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

Adol. Intervention: Patient Satisfaction Survey Results - Overall Satisfaction with Services

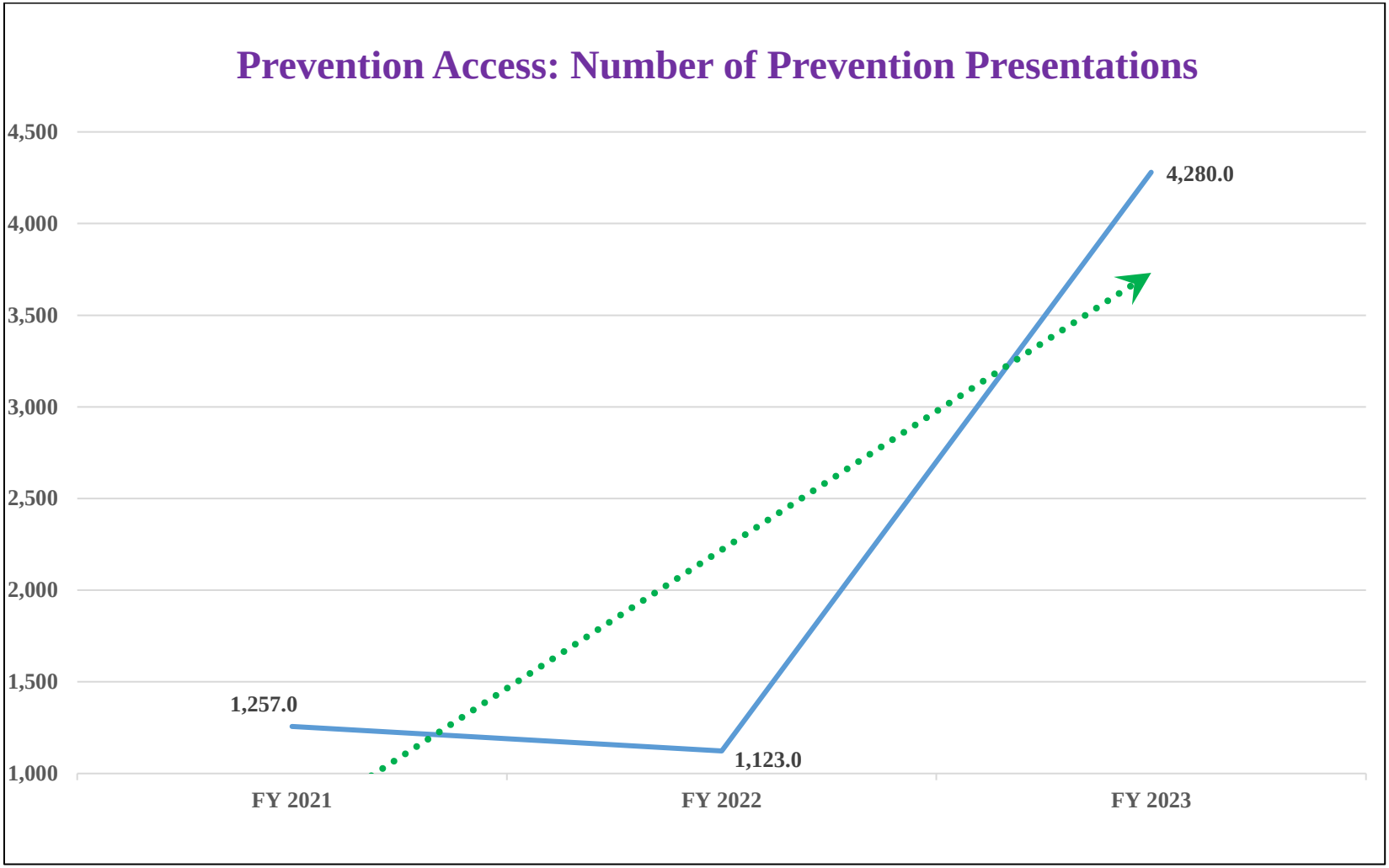
3rd Qtr 2021	4th Qtr 2021	1st Qtr 2022	2nd Qtr 2022	3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	3rd Qtr 2023	Average	Target
None	3.7	3.7	3.5	3.7	3.6	3.6	3.5	3.5	3.6	> 3

Adolescent Intervention - Overall Employee Satisfaction

2022	2023	Average	Target
67.2%	81.5%	74.4%	> 75%

Adolescent Intervention - Overall Key Stakeholder Satisfaction

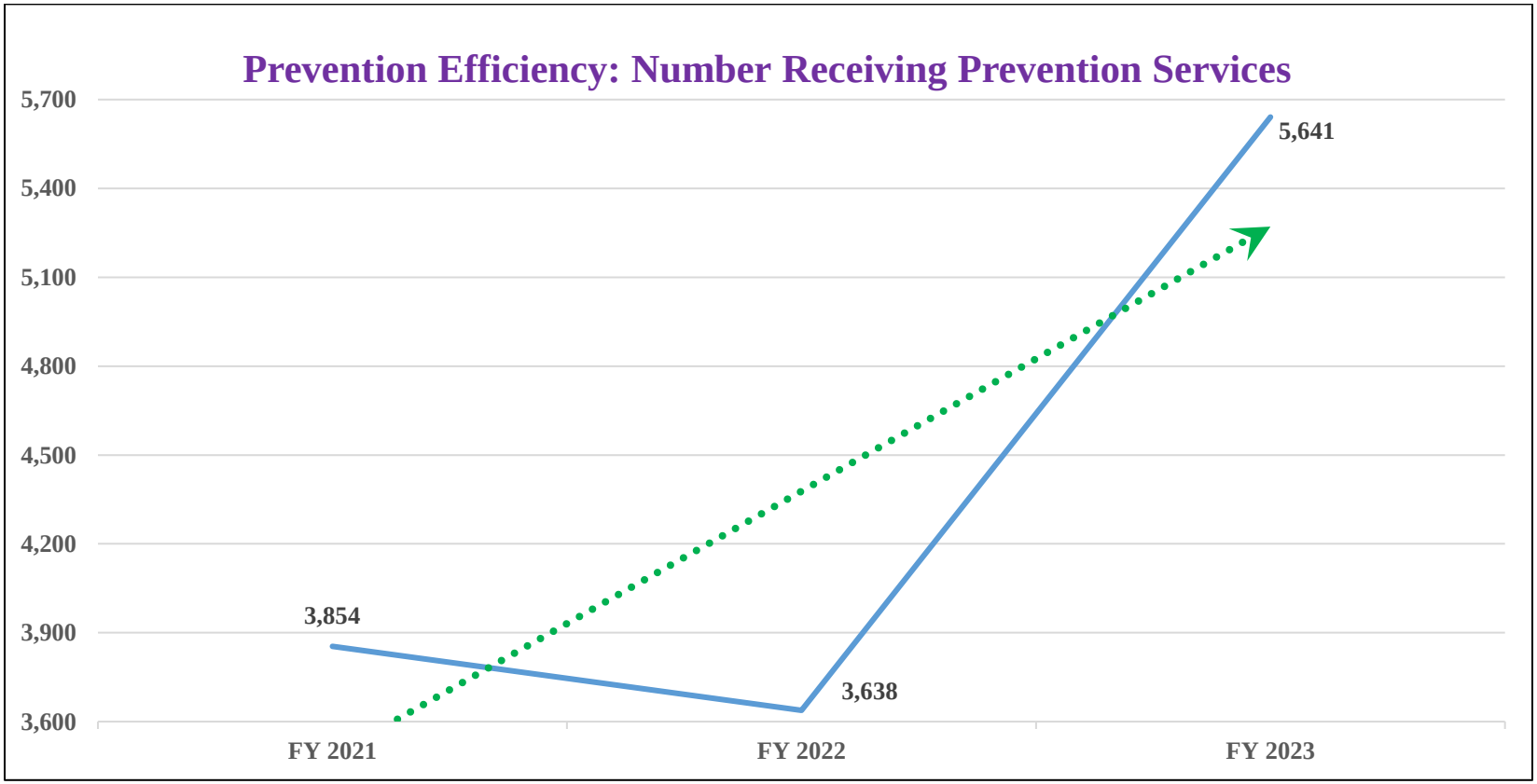
2022	2023	Average	Target
79.2%	94.0%	86.6%	> 75%


Prevention Access: Number of Prevention Presentations
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
1,257.0
1,123.0
4,280.0
FY 2021
FY 2022
FY 2023

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

Effectiveness: Average Pre- / Post-Test Improvement Points

FY 2022			FY 2023			
Avg Pre-Test Score	Avg Post-Test Score	Improvement	Avg Pre-Test Score	Avg Post-Test Score	Improvement	Target
73.9	87.1	**17.9%**	53.7	72.5	**35.0%**	**> 15%**



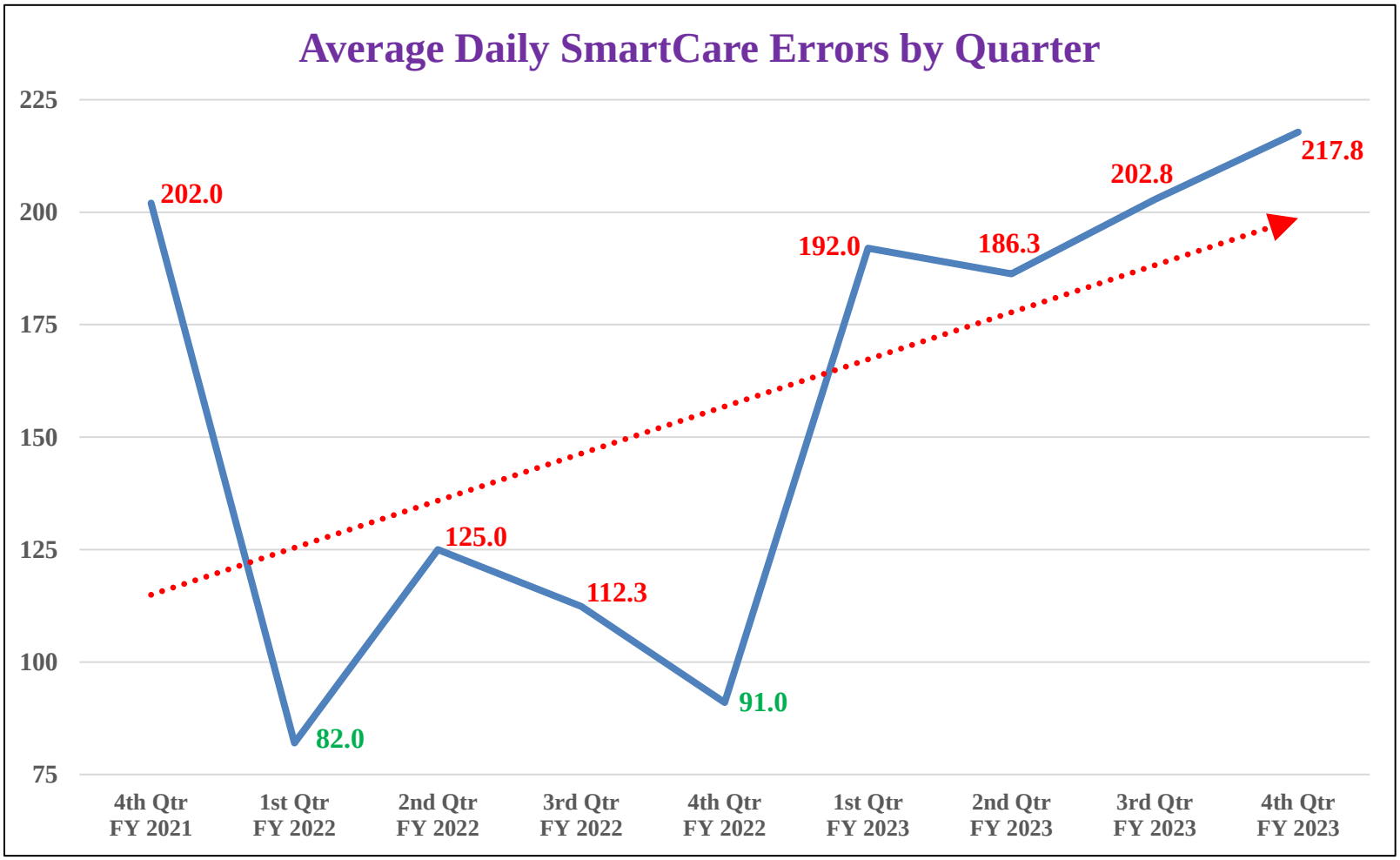
GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

Prevention Satisfaction - Overall Participant Satisfaction with Services			
FY 2022	**FY 2023**	**Average**	**Target**
100.0%	**100.0%**	**100.0%**	**> 75%**

Prevention Satisfaction - Overall Employee Satisfaction

FY 2022	FY 2023	Average	Target
56.5%	**81.8%**	**69.2%**	**> 75%**

Prevention Satisfaction - Overall Key Stakeholder Satisfaction with Services			
FY 2022	**FY 2023**	**Average**	**Target**
100.0%	**100.0%**	**100.0%**	**> 75%**



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

AVERAGE MONTHLY HOURS OF SUPERVISION PER EMPLOYEE

Program / Service	FY 2020 Average Monthly Hours of Supervision per Employee	FY 2021 Average Monthly Hours of Supervision per Employee	FY 2022 Average Monthly Hours of Supervision per Employee	FY 2023 Average Monthly Hours of Supervision per Employee
Adolescent OP & Intervention	1.2	1.5	1.3	1.0
Adol Residential	**0.9**	2.0	1.7	1.9
Adult Outpatient	1.7	3.4	**4.8**	3.6
Adult Residential	**0.9**	3.6	3.0	2.5
Aftercare/HSS	2.9	3.7	1.9	**4.1**
FIS	**0.9**	1.5	**0.6**	1.1
FIT	1.9	**4.8**	1.0	1.6
PSC	1.1	1.5	**0.5**	1.0
RBS/TRH	2.9	**4.4**	**4.4**	**4.1**
Hospital Bridge Program	**0.7**	1.6	1.0	1.1
STAR	3.0	**7.7**	**6.4**	3.9
CCBHC/ICS	NA	NA	**4.6**	2.3
Overall Avg. Hours of Supervision per Employee per Month for GW	**1.7**	**3.3**	**2.7**	**2.4**

(Green = Above 4.0 / Red = Below 1.0)

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

PEER REVIEWS - AVERAGES BY PROGRAM

Program / Service	FY 2020 - Record Reviews			FY 2021 - Record Reviews			FY 2022 - Record Reviews			FY 2023 - Record Reviews		
	Avg # Reviewed	Avg Open Score	Avg Closed Score	Avg # Reviewed	Avg Open Score	Average Closed Score	Avg # Reviewed	Avg Open Score	Average Closed Score	Avg # Reviewed	Avg Open Score	Average Closed Score
Adolescent OP & Intervention	5.5	**98.3%**	**98.1%**	4.3	**98.7%**	**98.8%**	7.3	**98.8%**	**99.6%**	9.8	**99.5%**	**99.3%**
Adolescent Residential	7.6	**97.6%**	**96.7%**	8.7	**97.2%**	**96.7%**	7.3	**97.5%**	**96.2%**	7.5	**97.6%**	**96.3%**
Adult Outpatient	34.2	93.9%	92.5%	32.2	**97.1%**	**96.5%**	20.7	94.9%	**95.8%**	9.7	**88.4%**	90.0%
Adult Residential	16.6	**87.3%**	**86.5%**	17.6	**88.9%**	93.7%	15.0	92.3%	92.2%	15.0	92.5%	94.5%
Aftercare/HSS	9.3	**85.9%**	**88.7%**	13.3	**88.0%**	**86.7%**	7.5	90.9%	**83.3%**	3.6	**85.7%**	**84.4%**
FIS	12.2	**99.4%**	**99.0%**	11.3	**91.3%**	**98.9%**	6.6	**99.4%**	**72.5%**	5.3	**100.0%**	**99.4%**
FIT	10.6	**96.5%**	**97.3%**	9.8	**97.3%**	**97.6%**	5.9	**97.6%**	**95.6%**	7.4	**98.8%**	**99.5%**
PSC	7.4	93.6%	92.0%	6.9	**97.0%**	93.0%	4.3	**97.8%**	**98.3%**	6.8	**99.7%**	**99.8%**
STAR	8.1	**87.3%**	**82.3%**	7.2	94.0%	**89.1%**	6.0	94.8%	93.7%	2.9	**80.3%**	**77.7%**
CCBHC / ICS	NA	NA	NA	NA	NA	NA	6.3	**96.7%**	**96.7%**	7.8	**97.6%**	**97.0%**
Overall Average Record Reviews	**12.4**	**93.3%**	**92.6%**	**12.4**	**94.4%**	**94.6%**	**8.7**	**96.1%**	**92.4%**	**7.6**	**94.0%**	**93.8%**

(Green = Above 95% / Red = Below 90%)

MEDICAL PEER REVIEWS

Year	# Reviews	# Errors
FY 2018	22	0
FY 2019	42	0
FY 2020	56	0
FY 2021	137	**1**
FY 2022	111	0
FY 2023	139	0
Total	**07**	**1**
Average	**84.5**	**0.2**

Co-chairs for the Transformation Team received the data from patient and staff surveys, and then reviewed the time series data from the past three years to identify areas of improvement. The survey results and trends have been shared with the Transformation Team to create a plan with actionable items, which are aimed at improving the patient experience. A major accomplishment has been the creation of the Gateway - Peer Advocacy Committee (G-PAC), which consists of Transitional Recovery Housing residents, Outpatient patients, and Gateway Alumni. Objectives of the G-PAC include, but are not limited to:

- Increasing sustainable recovery for the individuals served
- Increasing the levels of recovery capital within Gateway and the community
- Promoting person-centered services
- Building relationships that are more productive with individuals served, their families, supporters, and recovery communities.

The G-PAC is completing its first project of reformatting the Residential and RBS Patient Handbooks for a more recovery-oriented patient connection. The transformation team has identified that the G-PAC's feedback will also be essential to incorporating similar positive changes across other clinical departments. Several areas of improvement identified by the Transformation Team are being addressed in formal departmental training with the Clinical Training manager, such as including support persons in a patient's recovery and increasing patient understanding that they can discuss their sexuality. While other projects are still underway, the Transformation Team has actively worked toward implementing changes through greater community involvement and reflecting the ROSC model within Gateway.

Recovery Self-Assessment (RSA) Items to Be Focused On Include:

Question	Text
#4	I can change my clinician or case manager if I want to.
#15	I am given opportunities to discuss my sexual needs and interests when I wish.
#17	Staff help me to find jobs.
#19	Staff help me to include people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).
#23	I am encouraged to help staff with the development of new groups, programs, or services.
#25	I am encouraged to attend agency advisory boards and/or management meetings if I want.
#29	I am/can be involved with staff trainings and education programs at this agency.
#31 & #11	Staff are knowledgeable about special interest groups and activities in the community. Staff regularly ask me about my interests and the things I would like to do in the community.

Scoring of the Selected RSA Questions Were As Follows:

Question	Staff	Patients	Variance
4	3.77	3.60	**-0.17**
11	4.71	3.68	**-1.03**
15	4.31	2.98	**-1.33**
17	4.07	3.07	**-1.00**
19	4.20	3.80	**-0.40**
23	3.77	3.43	**-0.35**
25	3.00	2.86	**-0.14**
29	3.60	3.01	**-0.59**
31	3.80	3.70	**-0.10**

LSF CONTRACTUALLY-MANDATED PATIENT SATISFACTION SURVEY RESULTS - Adolescent SUD

Green = 100% or Above 100%					*Red = Below 100% of Target*				
Adolescent SUD	**1st Qtr FY 2023**		**2nd Qtr FY 2023**		**3rd Qtr FY 2023**		**4th Qtr FY 2023**		**ANNUAL TOTAL**
Target # of Surveys	**# Surveys Submitted**	**% Surveys Submitted**	**# Surveys Submitted**	**% Surveys Submitted**	**# Surveys Submitted**	**% Surveys Submitted**	**# Surveys Submitted**	**% Surveys Submitted**	**112.5%**
46/Qtr (184 Annually)	**12**	**26.1%**	**74**	**160.9%**	**78**	**169.6%**	**43**	**93.5%**	**207**
Domains	**Mean Scores**	**% Satisfied**	**Mean Scores**	**% Satisfied**	**Mean Scores**	**% Satisfied**	**Mean Scores**	**% Satisfied**	**ANNUAL AVG**
Green = Above 90 %					*Red = Below 80%*				
General Satisfaction	**4.3**	**92.0%**	**4.2**	**90.0%**	**4.3**	**94.0%**	**4.2**	**83.0%**	**89.8%**
Access to Care	**4.4**	**92.0%**	**4.1**	**91.0%**	**4.3**	**94.0%**	**4.2**	**86.0%**	**90.8%**
Care Appropriateness/Quality	**4.6**	**92.0%**	**4.5**	**92.0%**	**4.5**	**92.0%**	**4.3**	**86.0%**	**90.5%**
Outcomes of Care	**4.3**	**83.0%**	**4.2**	**85.0%**	**4.4**	**91.0%**	**4.1**	**81.0%**	**85.0%**
Involvement in Treatment	**4.5**	**83.0%**	**4.3**	**89.0%**	**4.5**	**95.0%**	**4.2**	**81.0%**	**87.0%**
Social Connectedness	**4.3**	**83.0%**	**4.0**	**74.0%**	**4.1**	**83.0%**	**4.0**	**70.0%**	**77.5%**
Functional Satisfaction	**4.1**	**75.0%**	**4.1**	**78.0%**	**4.1**	**79.0%**	**4.0**	**71.0%**	**75.8%**
% Overall Satisfaction	**4.4**	**85.7%**	**4.2**	**85.6%**	**4.3**	**89.7%**	**4.1**	**84.0%**	**85.2%**

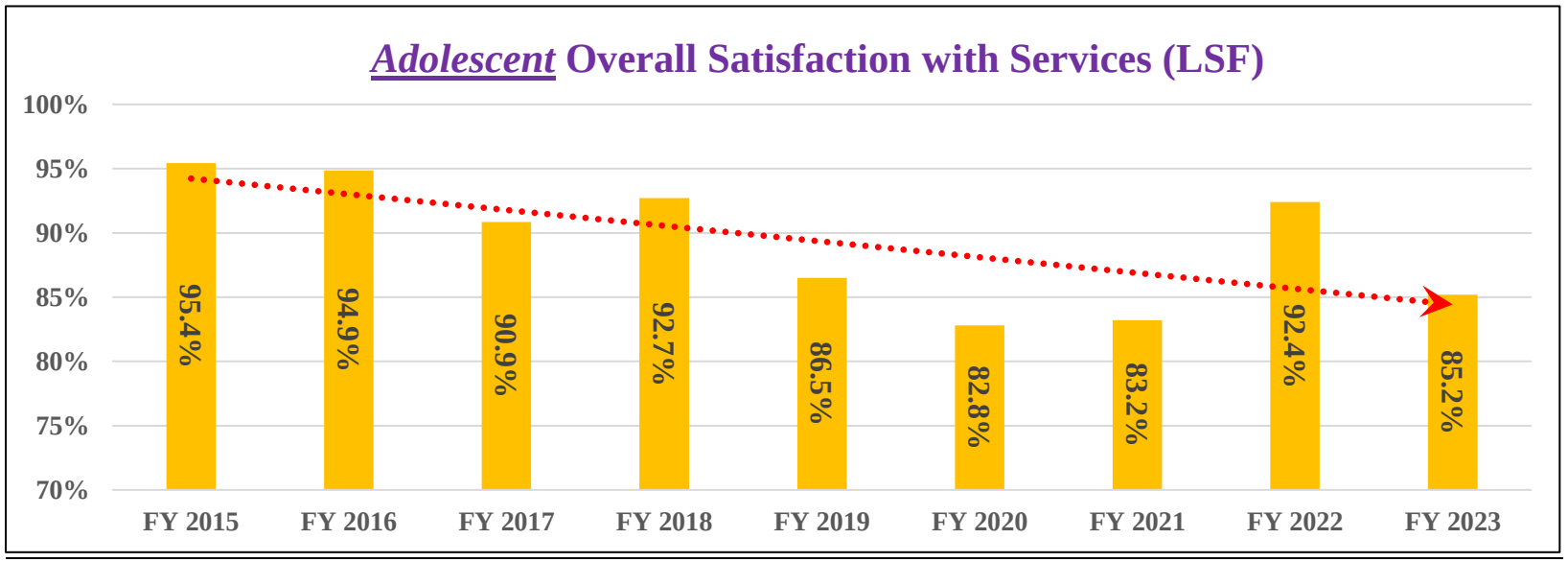
GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

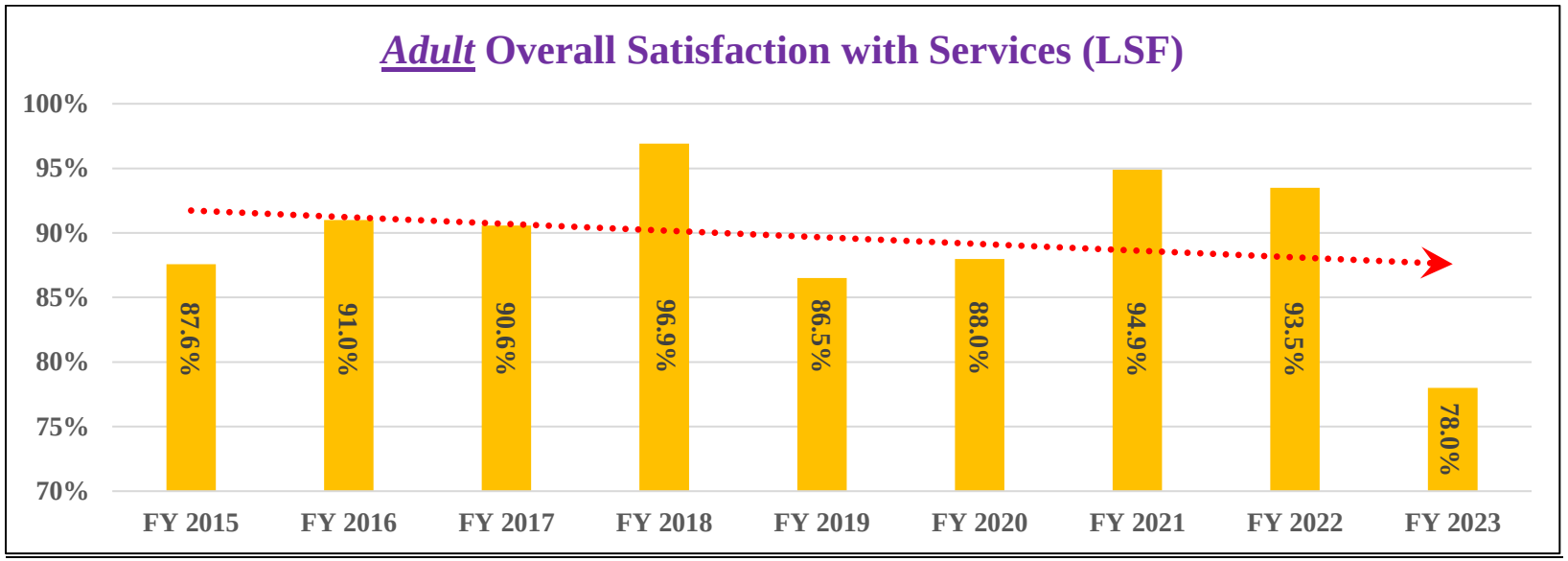
LSF CONTRACTUALLY-MANDATED PATIENT SATISFACTION SURVEY RESULTS - Adult Mental Health

Green = 100% or Above 100%					*Red = Below 100% of Target*				
Adult Mental Health	**1st Qtr FY 2023**		**2nd Qtr FY 2023**		**3rd Qtr FY 2023**		**4th Qtr FY 2023**		**ANNUAL TOTAL**
Target # of Surveys	**# Surveys Submitted**	**% Surveys Submitted**	**# Surveys Submitted**	**% Surveys Submitted**	**# Surveys Submitted**	**% Surveys Submitted**	**# Surveys Submitted**	**% Surveys Submitted**	**62.4%**
28/Qtr (109 Annually)	**14**	**51.4%**	**3**	**11.0%**	**19**	**69.7%**	**32**	**114.3%**	**68**
Domains	**Mean Scores**	**% Satisfied**	**Mean Scores**	**% Satisfied**	**Mean Scores**	**% Satisfied**	**Mean Scores**	**% Satisfied**	**ANNUAL % AVG**
Green = Above 90 %					*Red = Below 80%*				
General Satisfaction	**4.7**	**100.0%**	**3.5**	**33.0%**	**4.3**	**94.0%**	**4.6**	**100.0%**	**81.8%**
Access to Care	**4.6**	**93.0%**	**3.3**	**67.0%**	**4.3**	**89.0%**	**4.5**	**94.0%**	**85.8%**
Care Appropriateness/Quality	**4.6**	**93.0%**	**3.0**	**33.0%**	**4.3**	**79.0%**	**4.6**	**97.0%**	**75.5%**
Outcomes of Care	**4.5**	**93.0%**	**3.3**	**67.0%**	**4.4**	**89.0%**	**4.7**	**97.0%**	**86.5%**
Involvement in Treatment	**4.5**	**92.0%**	**3.7**	**67.0%**	**4.1**	**83.0%**	**4.5**	**91.0%**	**83.3%**
Social Connectedness	**4.3**	**93.0%**	**3.6**	**33.0%**	**3.9**	**63.0%**	**4.1**	**78.0%**	**66.8%**
Functional Satisfaction	**4.5**	**93.0%**	**3.7**	**67.0%**	**3.9**	**63.0%**	**4.4**	**91.0%**	**78.5%**
Average Overall Satisfaction	**4.5**	**93.9%**	**3.4**	**52.4%**	**4.1**	**80.0%**	**4.5**	**97.0%**	**79.7%**

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

LSF CONTRACTUALLY-MANDATED PATIENT SATISFACTION SURVEY RESULTS - Overall GW		
Overall GW Outcomes	**FY 2023 - All Quarters**	
Target # of Surveys	**# Surveys Submitted**	**% Surveys Submitted**
Green = or Above 100%		*Red = Below 100% of Target*
155/Qtr (615 Annually)	**520**	**84.6%**
Domains	**Mean Scores**	**% Satisfied**
	Green = Above 90 %	*Red = Below 80%*
General Satisfaction	**4.2**	**89.0%**
Access to Care	**4.2**	**87.0%**
Care Appropriateness/Quality	**4.3**	**86.0%**
Outcomes of Care	**4.3**	**86.0%**
Involvement in Treatment	**4.2**	**85.0%**
Social Connectedness	**3.9**	**69.0%**
Functional Satisfaction	**4.1**	**78.0%**
% Overall Satisfaction	**4.2**	**85.0%**


Adolescent Overall Satisfaction with Services (LSF)
100%
95%
90%
85%
80%
75%
70%
95.4%
94.9%
90.9%
92.7%
86.5%
82.8%
83.2%
92.4%
85.2%
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023


Adult Overall Satisfaction with Services (LSF)
100%
95%
90%
85%
80%
75%
70%
87.6%
91.0%
90.6%
96.9%
86.5%
88.0%
94.9%
93.5%
78.0%
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023

Evaluations of Emergency Plans

and

Facility Safety Inspections

Noel Orona

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

Evaluations of Disaster Plans (Drills) - 2022

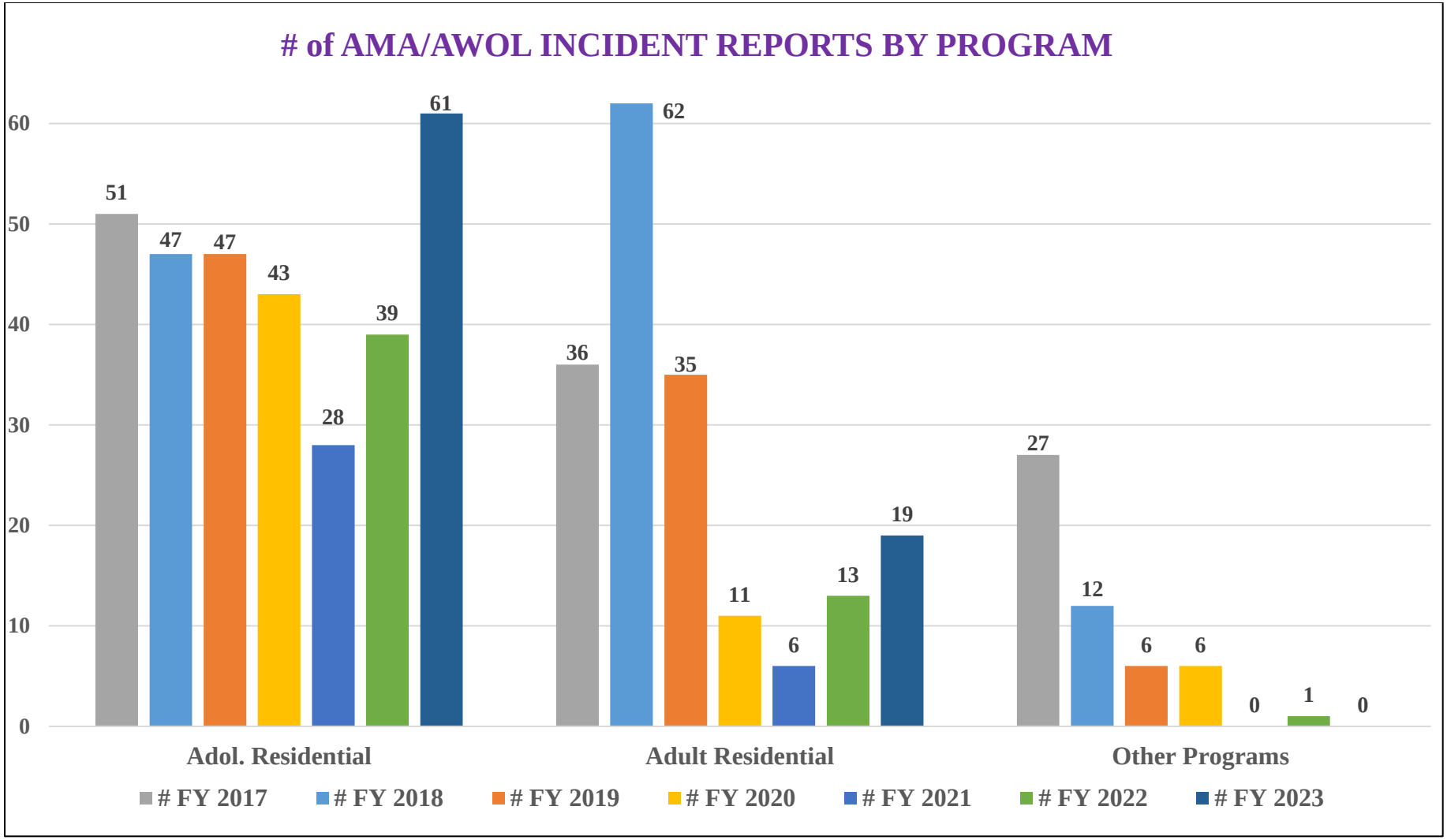
Facility	Shift	Bombs	Hazmat	Hurricane	Medical	Tornado	Utility Failure	Violence	Fire Qtrs 1-4	Code Blue
Stockton	1st	12/22/22	12/22/22	11/10/22	02/24/22	09/18/22	12/28/22	10/24/22	4 of 4	2 of 2
	2nd	12/22/22	12/22/22	11/10/22	02/24/22	10/21/22	12/28/22	12/23/22	4 of 4	2 of 2
	3rd	12/22/22	12/22/22	11/10/22	02/24/22	09/22/22	12/22/22	12/23/22	4 of 4	2 of 2
Detox	1st	01/18/22	01/18/22	01/18/22	01/18/22	01/18/22	01/18/22	01/18/22	4 of 4	2 of 2
	2nd	01/18/22	01/18/22	01/18/22	01/18/22	01/18/22	01/18/22	01/18/22	4 of 4	2 of 2
Front Lobby	One Shift	05/27/22	05/27/22	05/27/22	05/27/22	05/27/22	05/27/22	05/27/22	4 of 4	NA
Adult Outpatient	One Shift	03/21/22	12/07/22	12/07/22	12/21/22	07/25/22	03/21/22	12/07/22	4 of 4	2 of 2
Medical	One Shift	02/07/22	03/16/22	03/16/22	03/16/22	03/16/22	03/16/22	06/15/22	4 of 4	2 of 2
Annex	One Shift	11/08/22	11/08/22	09/14/22	12/07/22	11/08/22	12/07/22	09/14/22	4 of 4	2 of 2
Lexington	One Shift	12/12/22	12/28/22	12/28/22	03/28/22	03/28/22	03/28/22	03/28/22	4 of 4	2 of 2
BRC	1st	04/11/22	03/31/22	07/20/22	05/18/22	06/30/22	01/28/22	09/08/22	4 of 4	2 of 2
	2nd	04/12/22	03/24/22	08/05/22	05/26/22	06/23/22	01/19/22	02/12/22	4 of 4	2 of 2
	3rd	04/24/22	03/22/22	07/31/22	05/17/22	06/19/22	01/25/22	02/22/22	4 of 4	2 of 2
GRC	1st	04/03/22	03/01/22	07/16/22	05/04/22	6/6/622	01/25/22	02/23/22	4 of 4	2 of 2
	2nd	04/26/22	03/28/22	07/24/22	05/11/22	06/07/22	01/27/22	02/24/22	4 of 4	2 of 2
	3rd	04/02/22	03/19/22	07/06/22	05/31/22	06/11/22	01/28/22	02/22/22	4 of 4	2 of 2
AH/IV/FH	1st	04/06/22	03/11/22	07/08/22	05/04/22	06/16/22	02/01/22	02/17/22	4 of 4	2 of 2
	2nd	04/22/22	03/24/22	07/25/22	05/18/22	06/23/22	02/01/22	02/24/22	4 of 4	2 of 2
Administration	One Shift	10/20/22	12/06/22	11/01/22	12/06/22	11/01/22	11/02/22	12/13/22	4 of 4	NA
Broadway Nikeda Burphy	One Shift	03/28/22	04/25/22	10/24/22	07/18/22	07/25/22	01/24/22	10/10/22	4 of 4	2 of 2

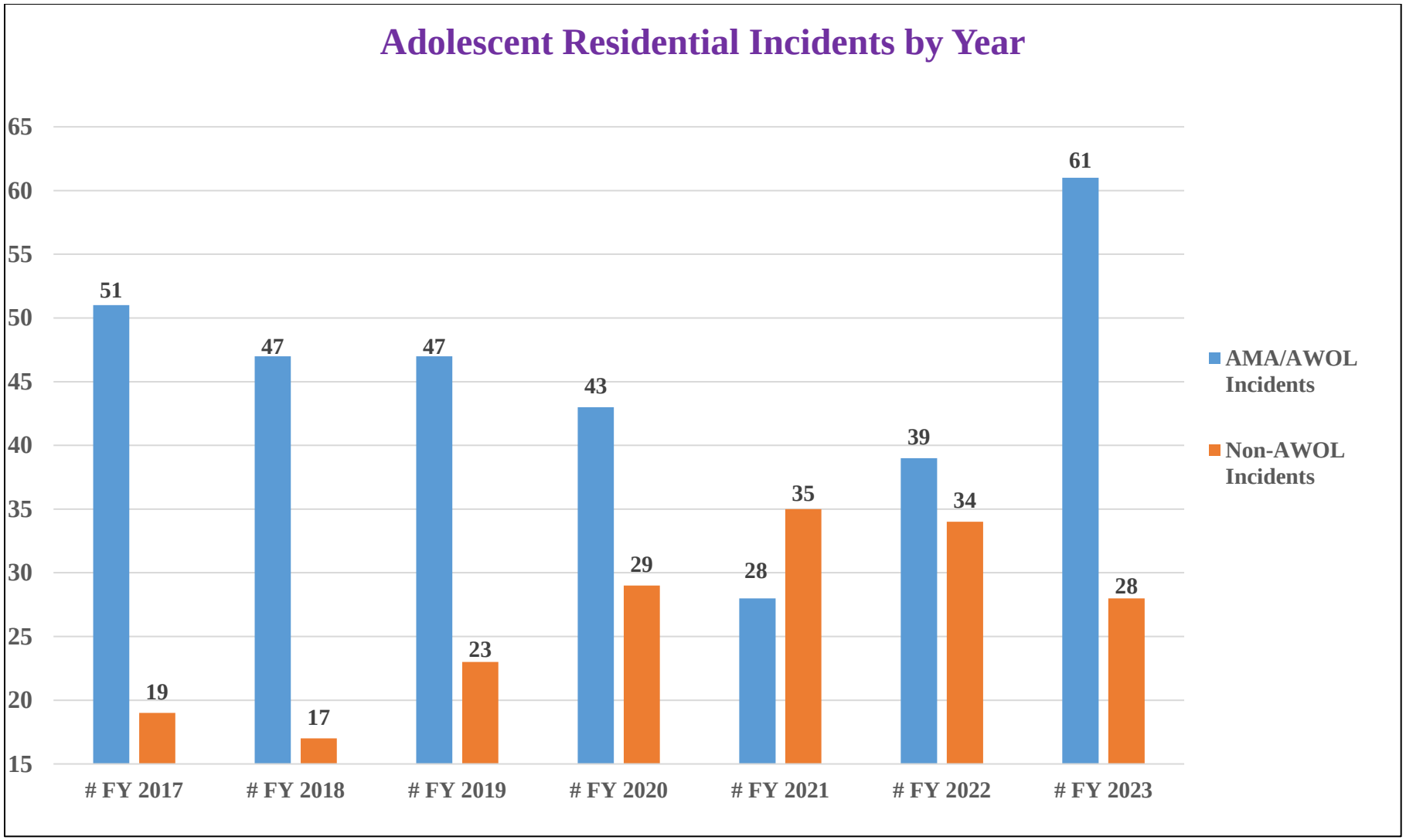
Environmental Safety Inspections – 2022

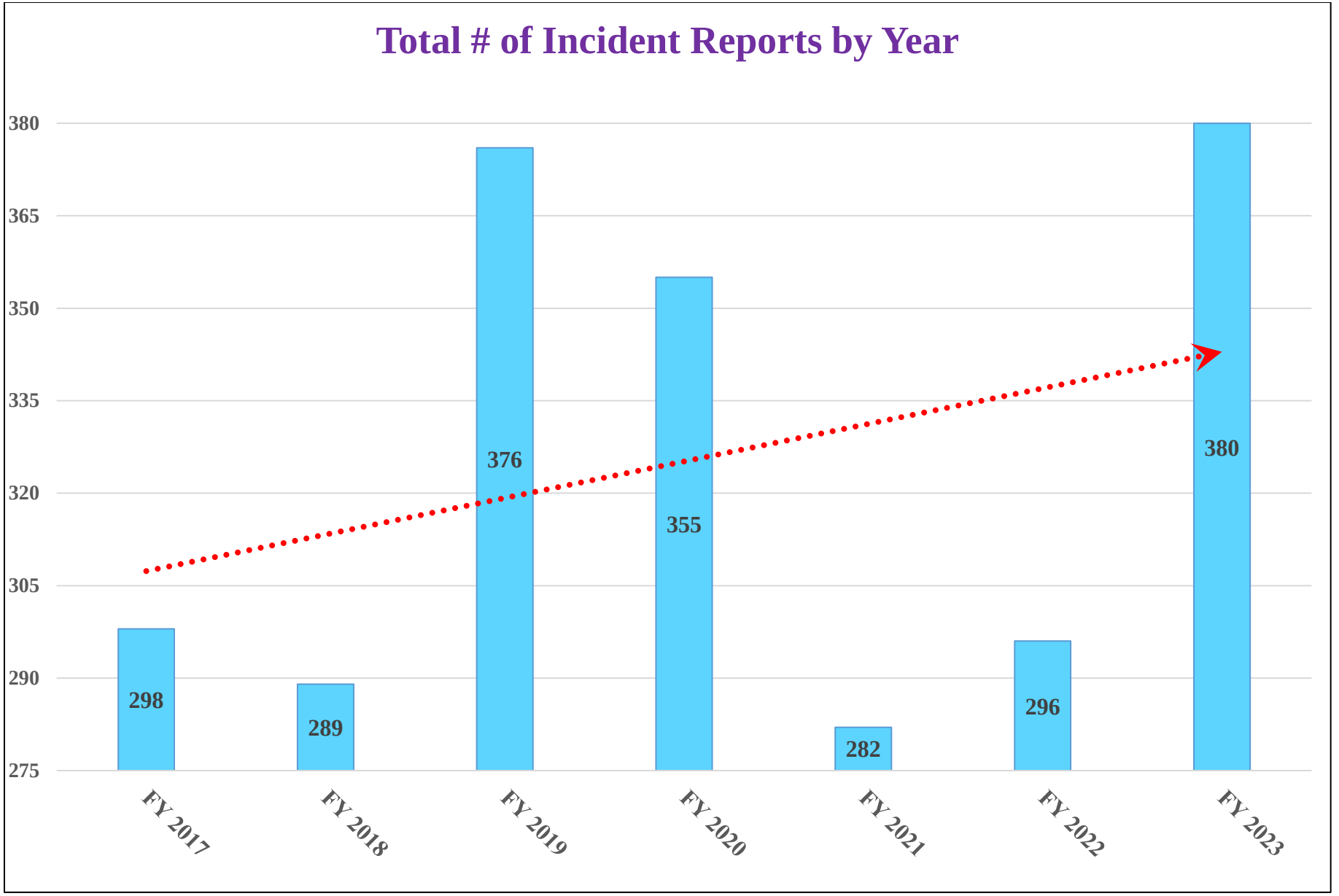
Facility	Shift	Quarters 1 to 4	Facility	Shift	Quarters 1 to 4
Stockton Montana Hughes / Debra Kelsey	Shift 1	4 of 4	**BRC** Steve Bauer	Shift 1	4 of 4
	Shift 2	4 of 4		Shift 2	4 of 4
	Shift 3	4 of 4		Shift 3	4 of 4
Detox Cassie Sheneman	Shift 1	4 of 4	**GRC** Steve Bauer	Shift 1	4 of 4
	Shift 2	4 of 4		Shift 2	4 of 4
Annex Stephany Shaw-Perry	One Shift	4 of 4		Shift 3	4 of 4
Admin. Noel Orona	One Shift	4 of 4	**AH/IV/FH** Joann Telfair	Shift 1	4 of 4
Lexington - PSC Jennifer Paschal / Sakina Bell	One Shift	4 of 4		Shift 2	4 of 4
Broadway Nikeda Burphy	One Shift	4 of 4			

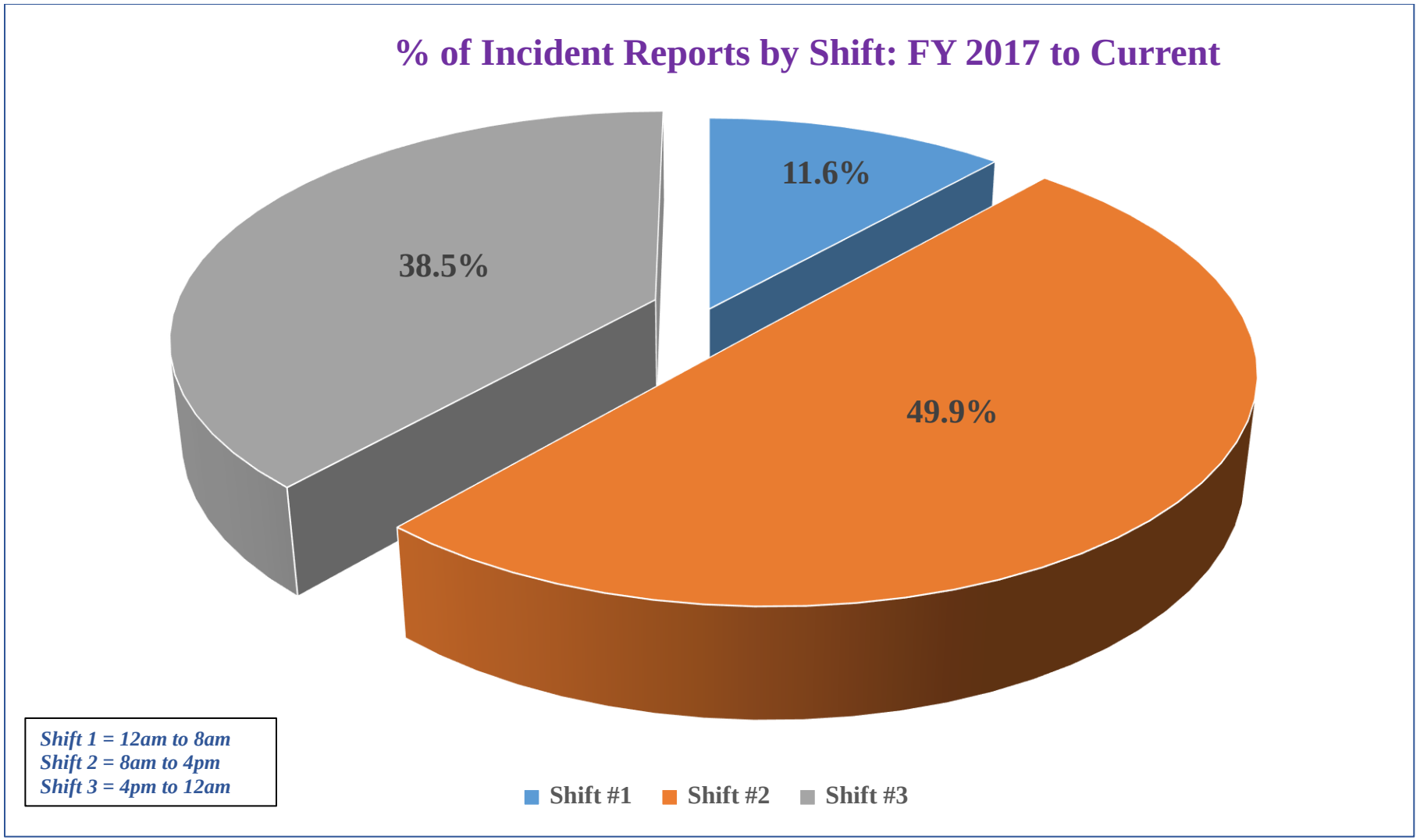
GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

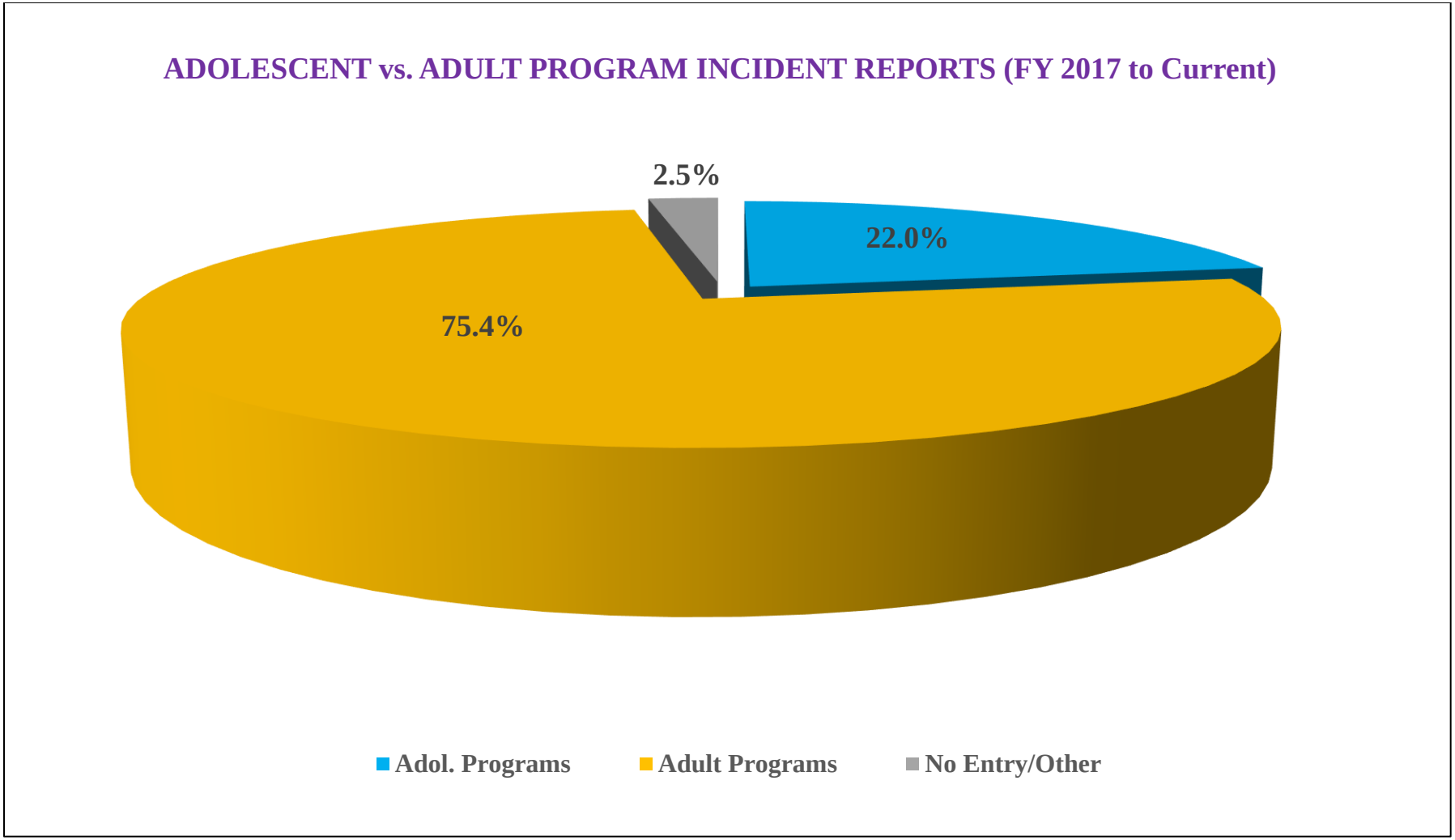
Noel Orona and MW Bennett

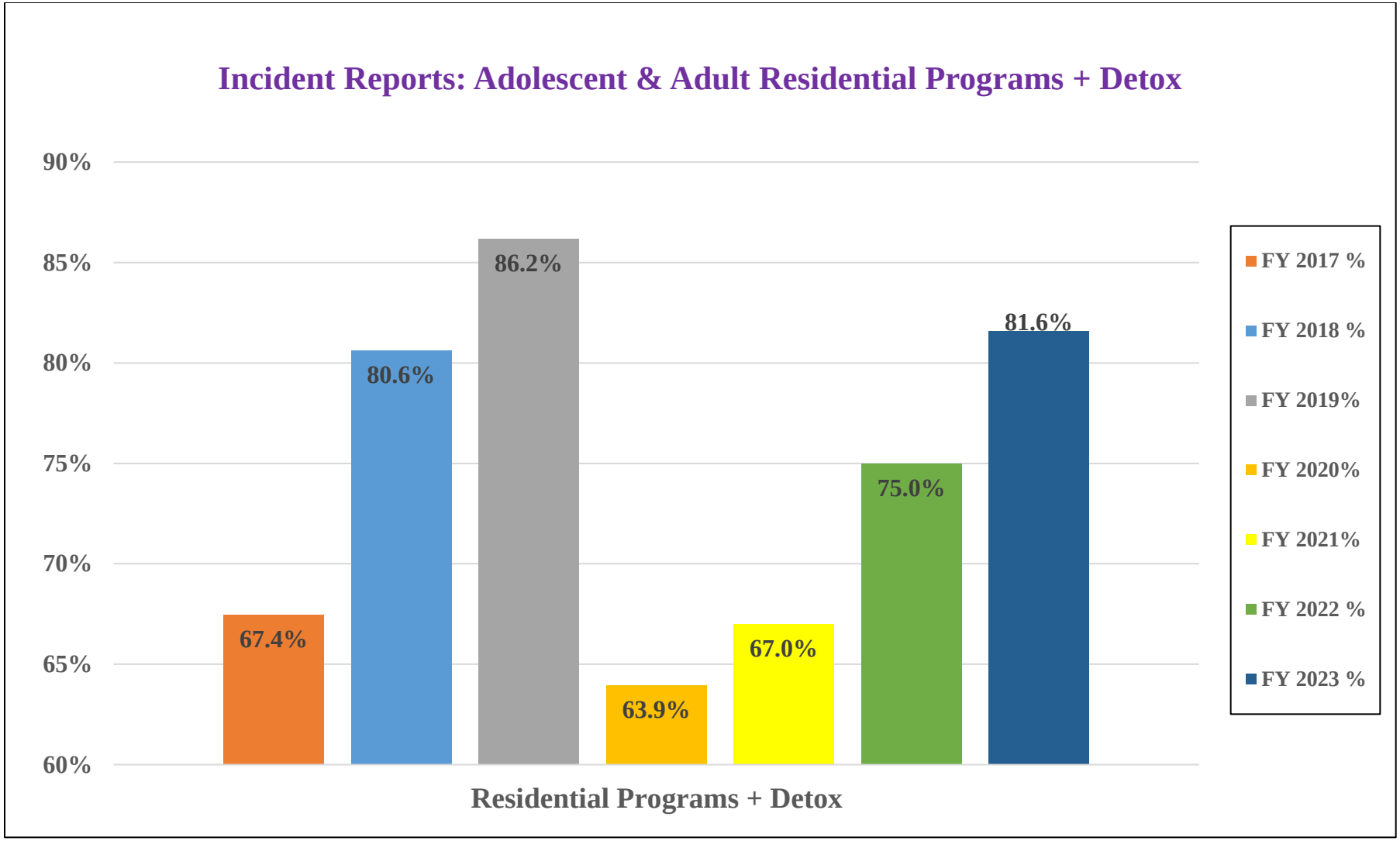

# of AMA/AWOL INCIDENT REPORTS BY PROGRAM
60
50
40
30
20
10
0
51
47
47
43
28
39
61
36
62
35
11
6
13
19
27
12
6
6
0
1
0
Adol. Residential
Adult Residential
Other Programs
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023

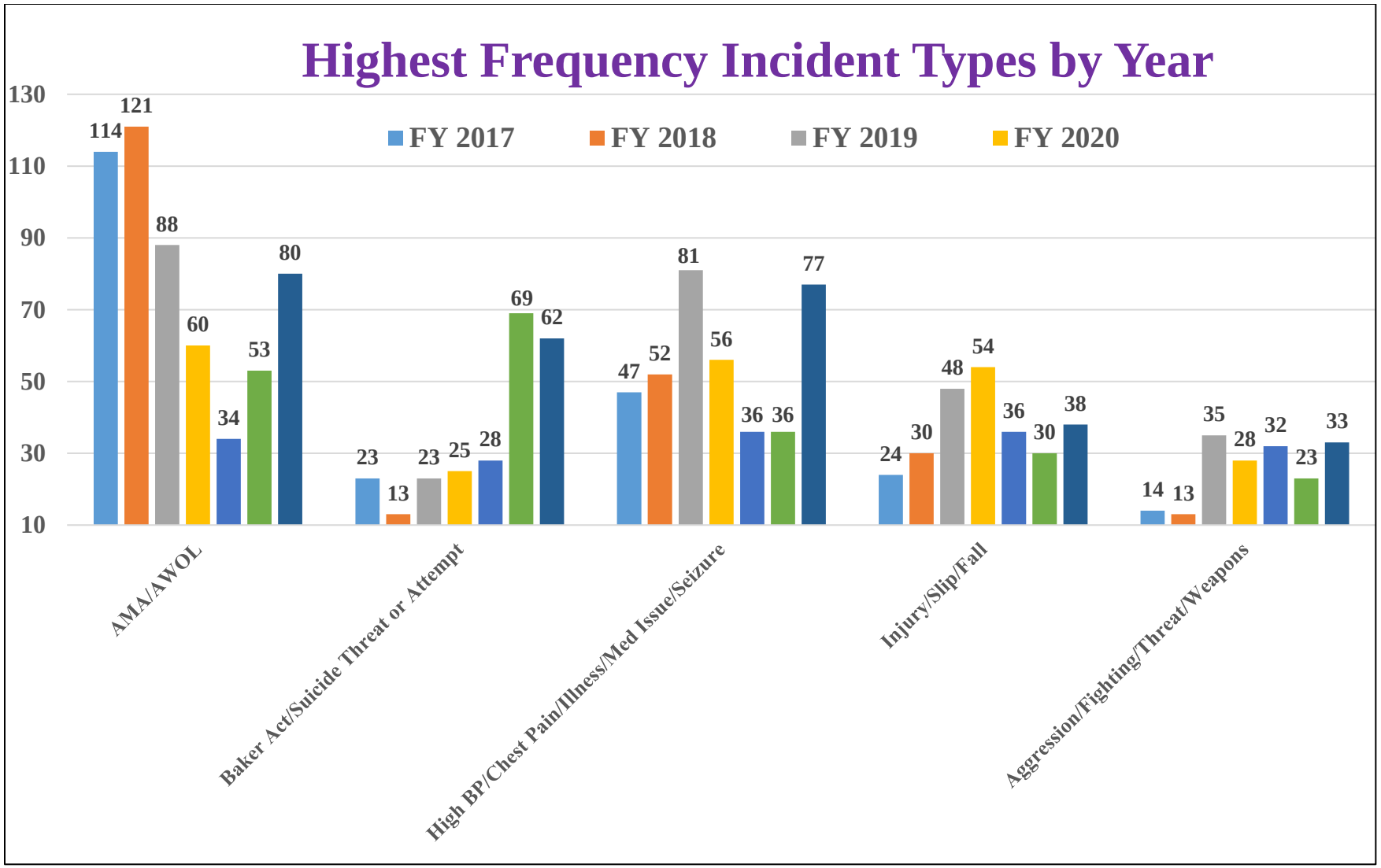

Adolescent Residential Incidents by Year
65
60
55
50
45
40
35
30
25
20
15
51
19
47
17
47
23
43
29
28
35
39
34
61
28
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
AMA/AWOL Incidents
Non-AWOL Incidents


Total # of Incident Reports by Year
380
365
350
335
320
305
290
275
298
289
376
355
282
296
380
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023

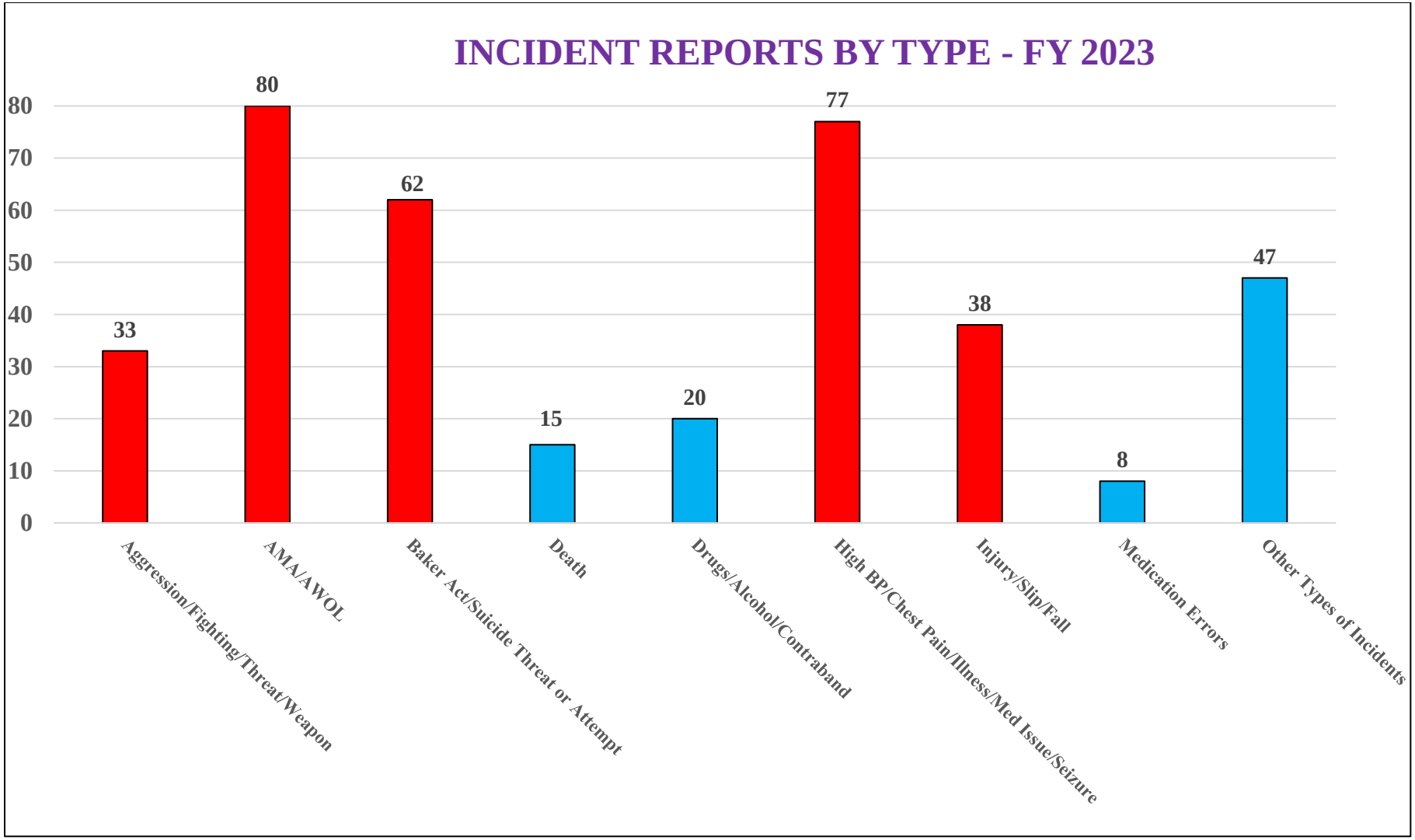

% of Incident Reports by Shift: FY 2017 to Current
11.6%
49.9%
38.5%
Shift 1 = 12am to 8am
Shift 2 = 8am to 4pm
Shift 3 = 4pm to 12am
Shift #1
Shift #2
Shift #3


ADOLESCENT vs. ADULT PROGRAM INCIDENT REPORTS (FY 2017 to Current)
2.5%
22.0%
75.4%
Adol. Programs
Adult Programs
No Entry/Other


Incident Reports: Adolescent & Adult Residential Programs + Detox
90%
85%
80%
75%
70%
65%
60%
67.4%
80.6%
86.2%
63.9%
67.0%
75.0%
81.6%
FY 2017 %
FY 2018 %
FY 2019%
FY 2020%
FY 2021%
FY 2022 %
FY 2023 %
Residential Programs + Detox


Highest Frequency Incident Types by Year
FY 2017
FY 2018
FY 2019
FY 2020
130
110
90
70
50
30
10
114
121
88
60
34
53
80
23
13
23
25
28
69
62
47
52
81
56
36
36
77
24
30
48
54
36
30
38
14
13
35
28
32
23
33
AMA/AWOL
Baker Act/Suicide Threat or Attempt
High BP/Chest Pain/Illness/Med Issue/Seizure
Injury/Slip/Fall
Aggression/Fighting/Threat/Weapons

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

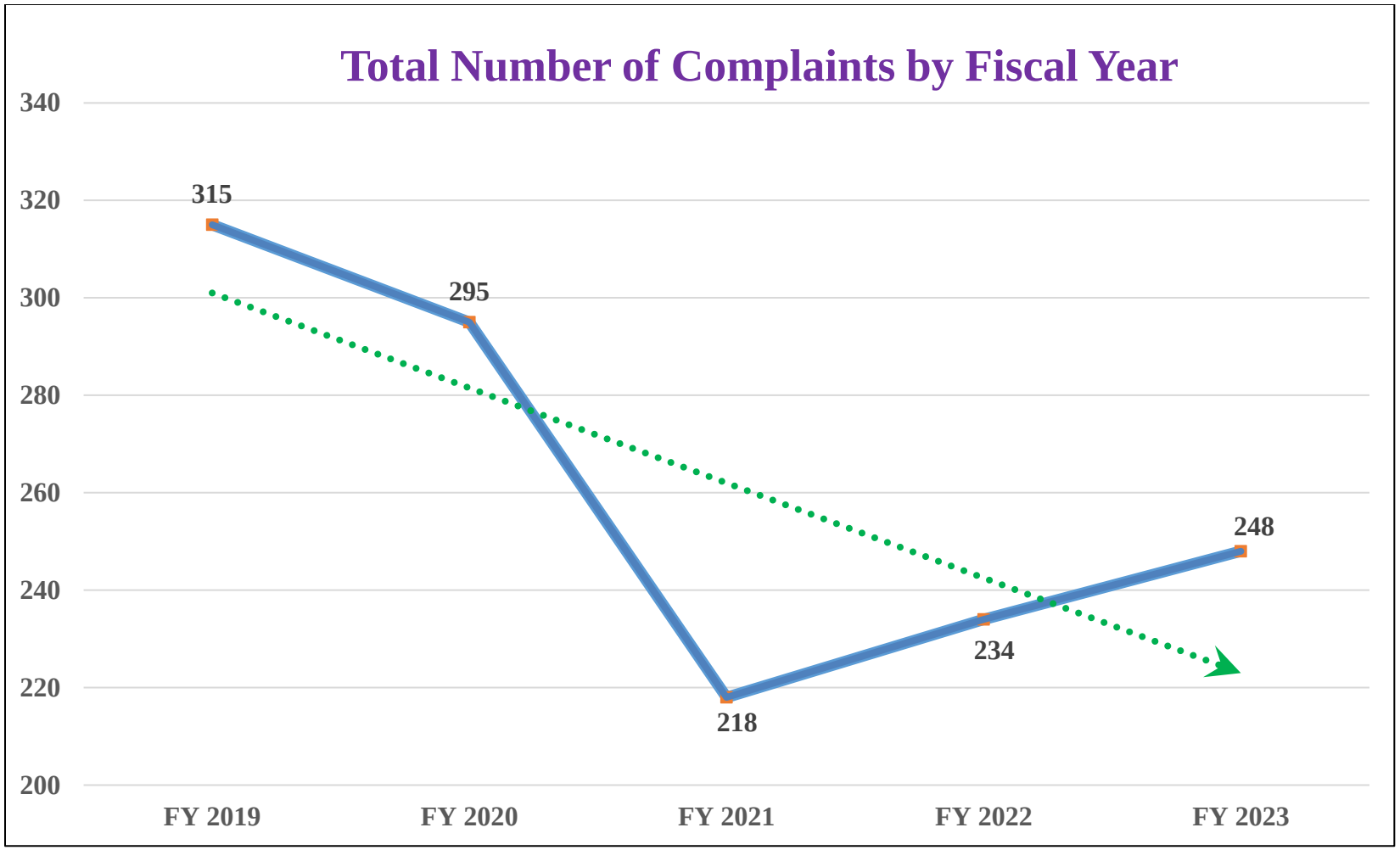


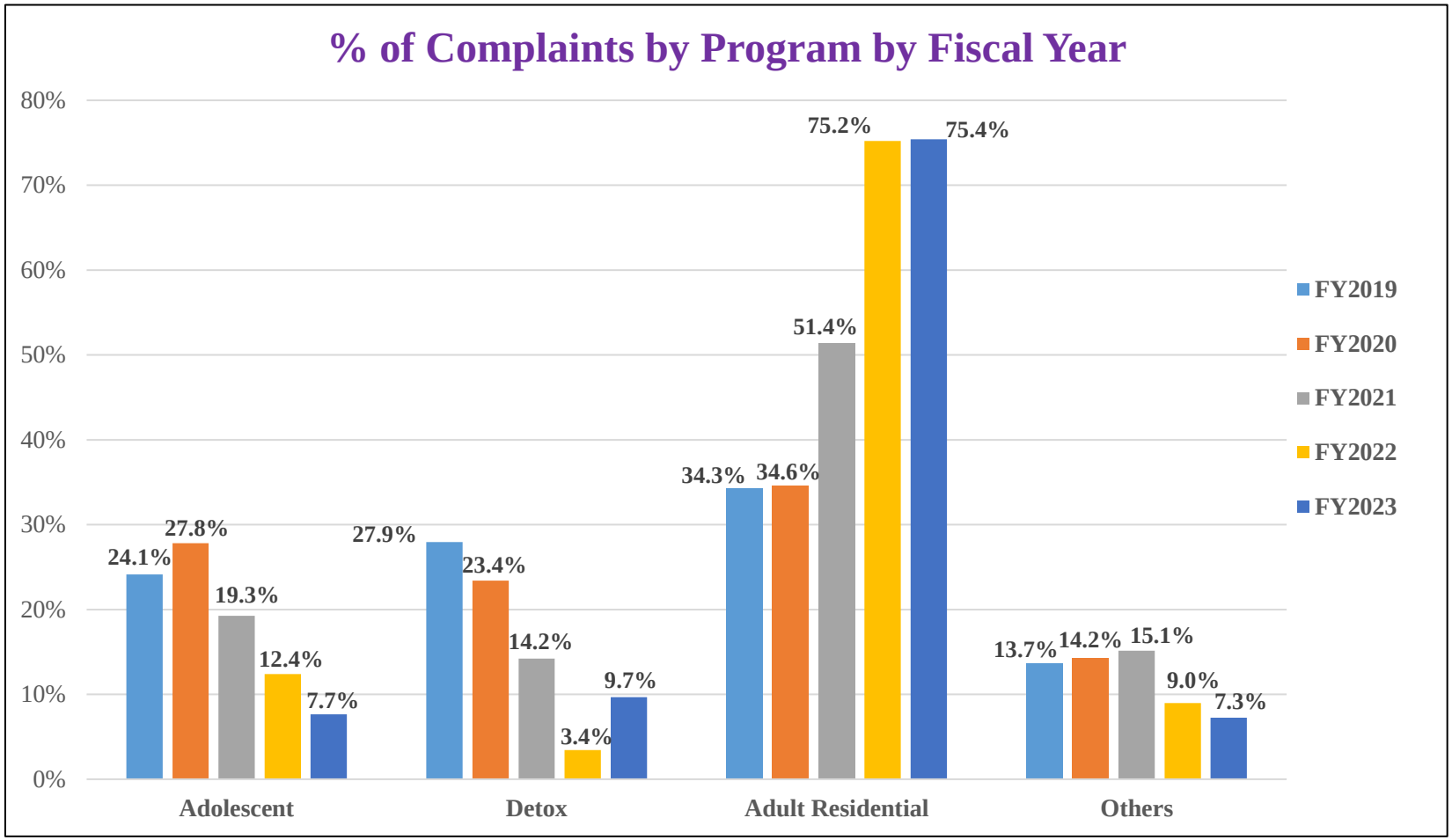
PATIENT COMPLAINTS

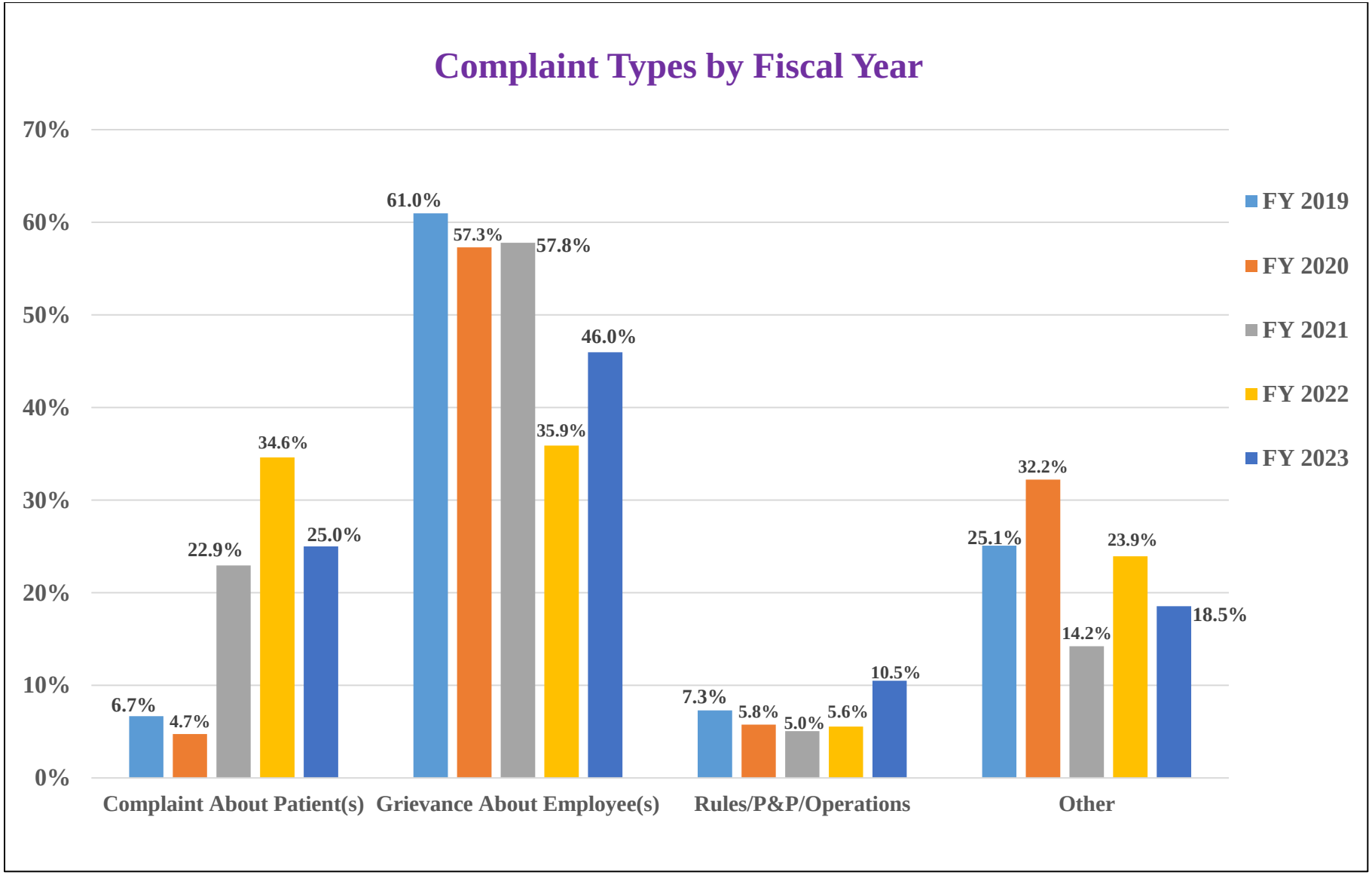
PATIENT SUGGESTIONS

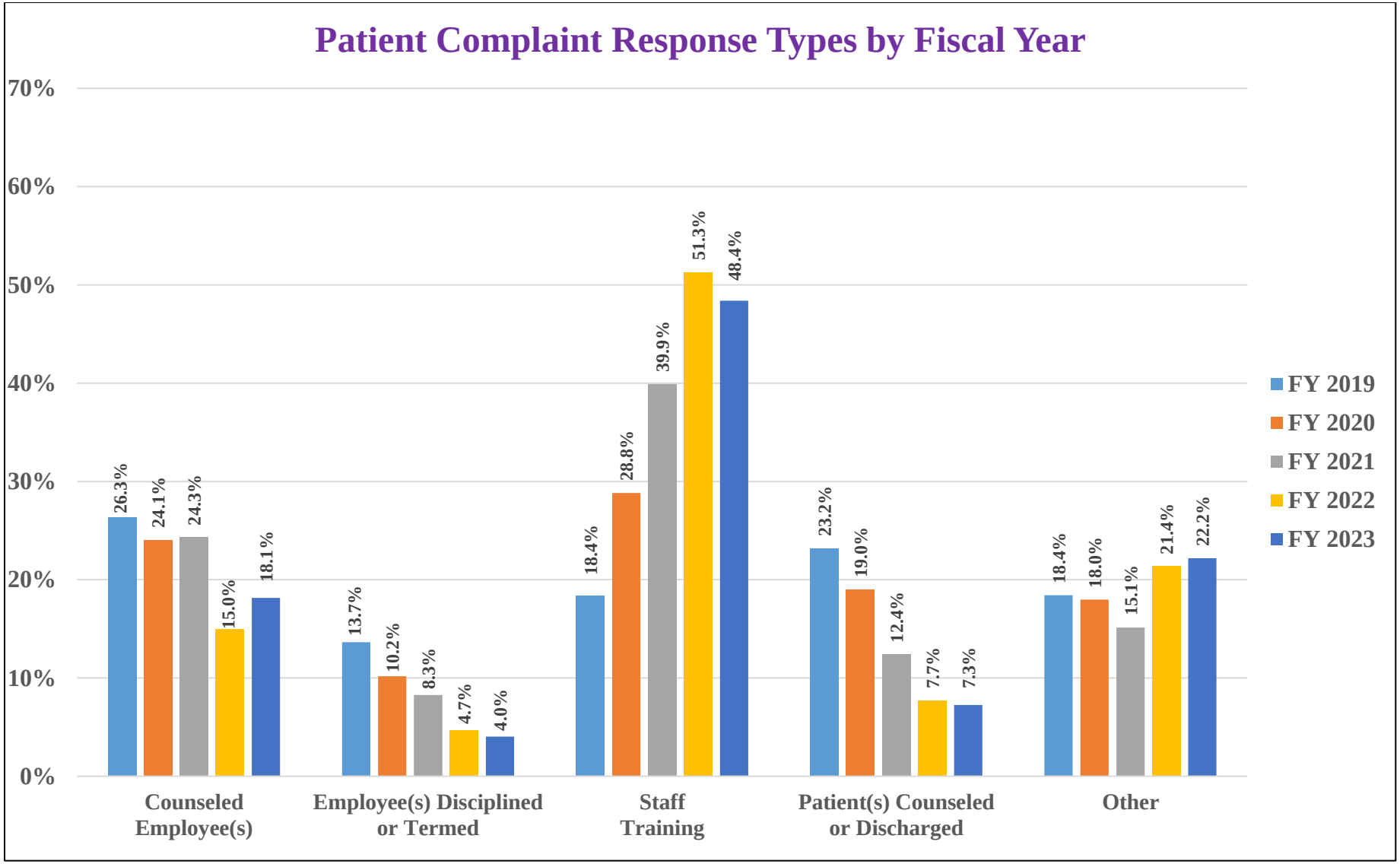
and

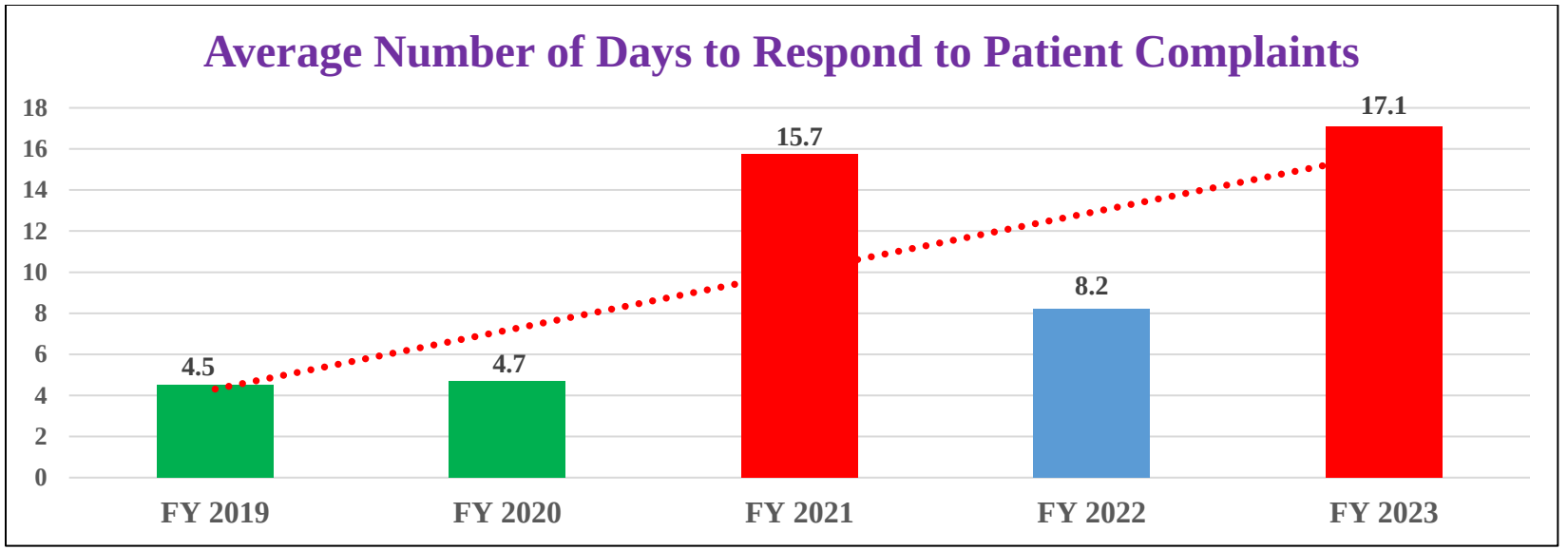
PATIENT PRAISE REPORTS

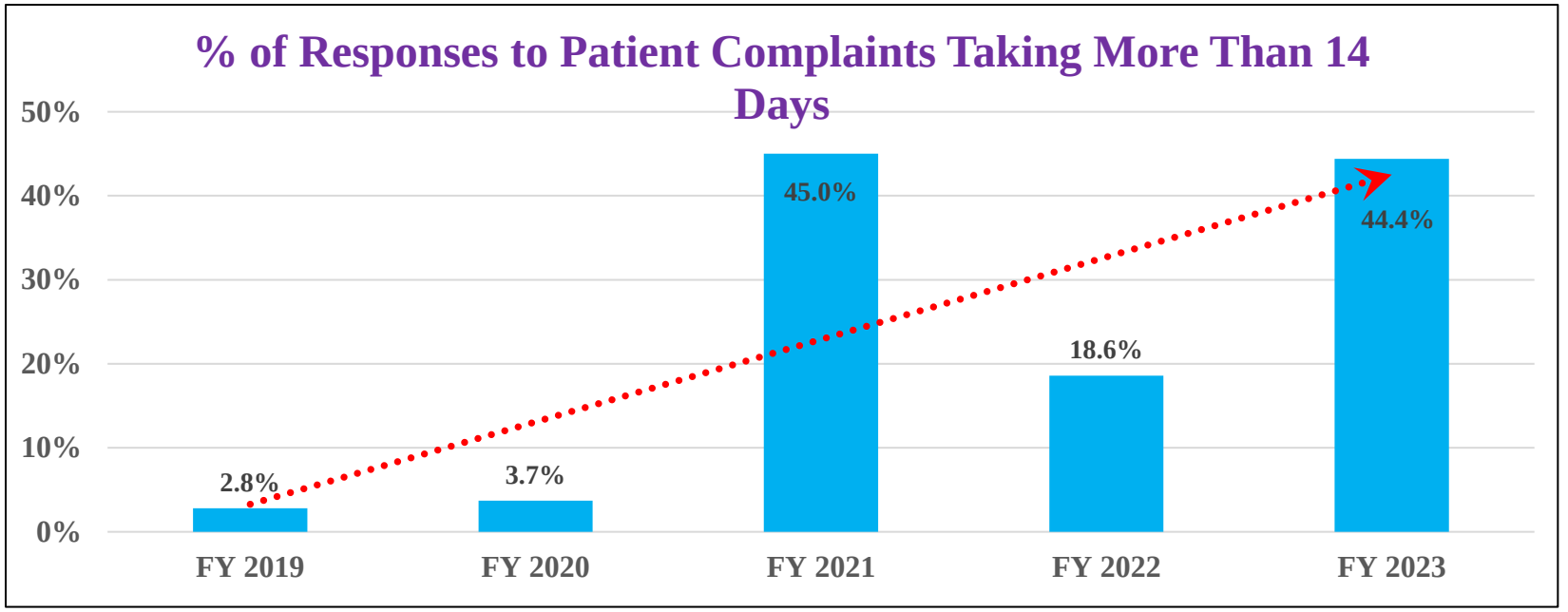

Total Number of Complaints by Fiscal Year
340
320
300
280
260
240
220
200
315
295
218
234
248
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023

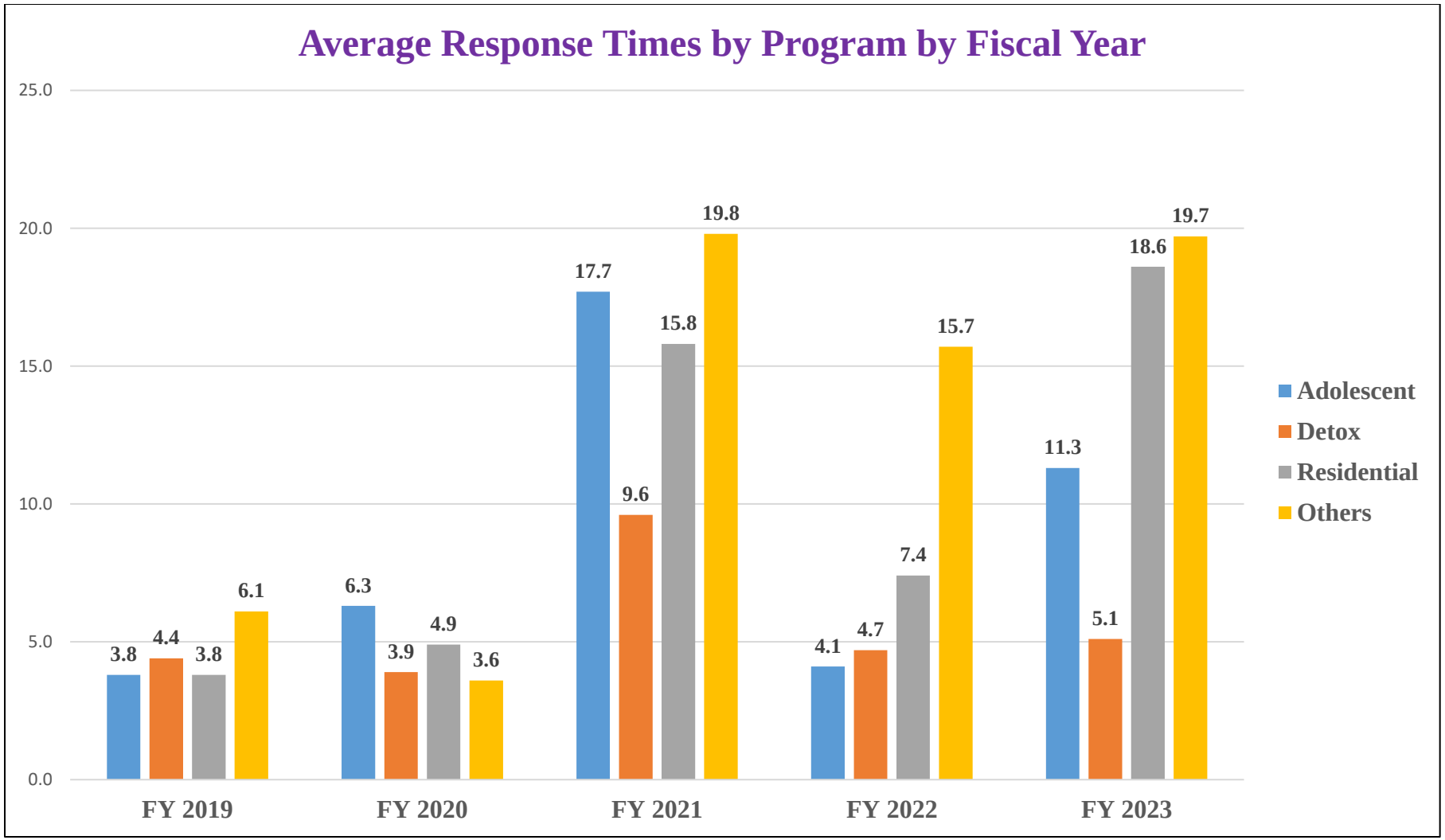

% of Complaints by Program by Fiscal Year
80%
70%
60%
50%
40%
30%
20%
10%
0%
24.1%
27.8%
19.3%
12.4%
7.7%
27.9%
23.4%
14.2%
3.4%
9.7%
34.3%
34.6%
51.4%
75.2%
75.4%
13.7%
14.2%
15.1%
9.0%
7.3%
Adolescent
Detox
Adult Residential
Others
FY2019
FY2020
FY2021
FY2022
FY2023


Complaint Types by Fiscal Year
70%
60%
50%
40%
30%
20%
10%
0%
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
6.7%
4.7%
22.9%
34.6%
25.0%
61.0%
57.3%
57.8%
35.9%
46.0%
7.3%
5.8%
5.0%
5.6%
10.5%
25.1%
32.2%
14.2%
23.9%
18.5%
Complaint About Patient(s)
Grievance About Employee(s)
Rules/P&P/Operations
Other

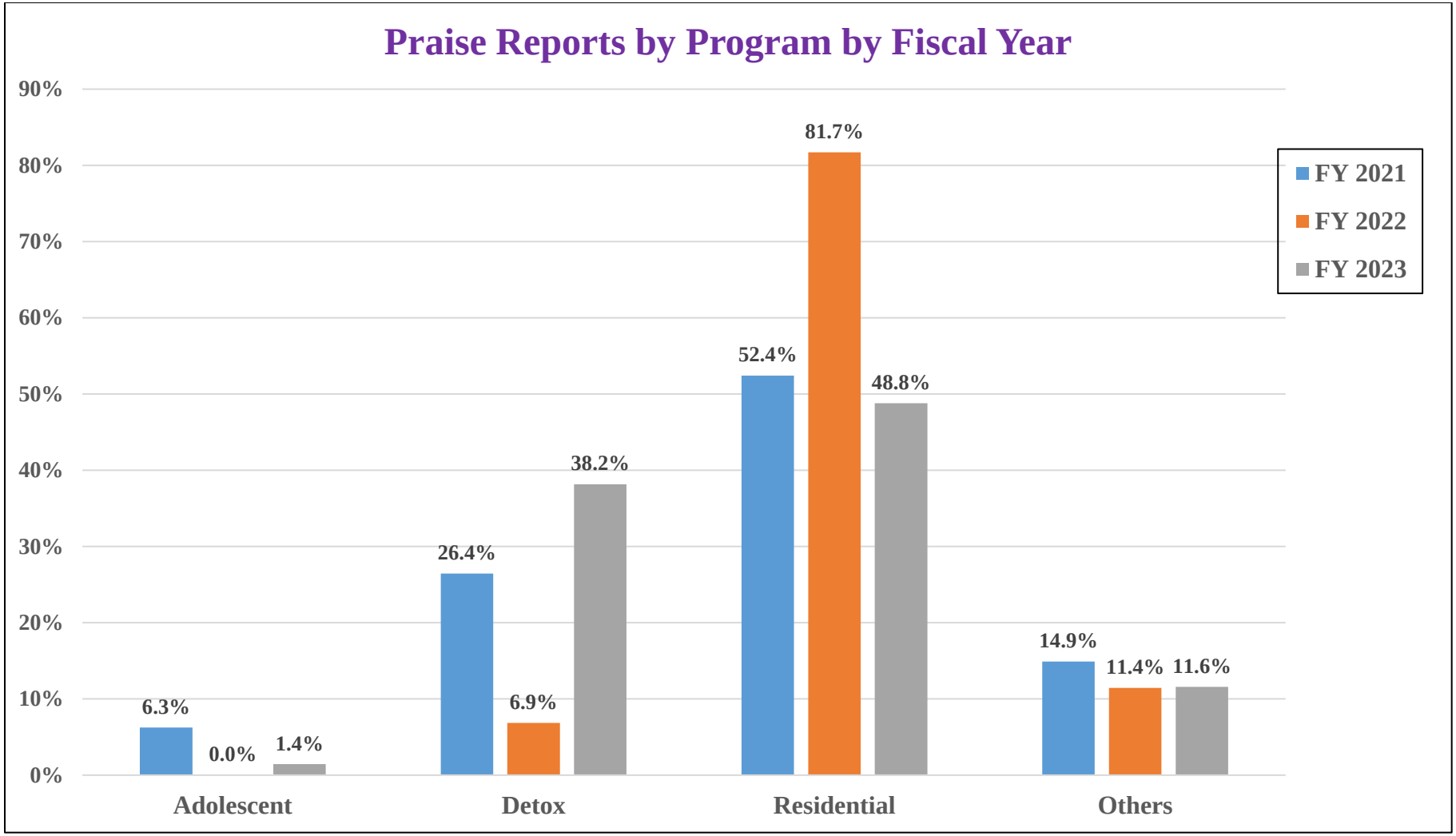

Patient Complaint Response Types by Fiscal Year
70%
60%
50%
40%
30%
20%
10%
0%
26.3%
24.1%
24.3%
15.0%
18.1%
13.7%
10.2%
8.3%
4.7%
4.0%
18.4%
28.8%
39.9%
51.3%
48.4%
23.2%
19.0%
12.4%
7.7%
7.3%
18.4%
18.0%
15.1%
21.4%
22.2%
Counseled Employee(s)
Employee(s) Disciplined or Termed
Staff Training
Patient(s) Counseled or Discharged
Other
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023

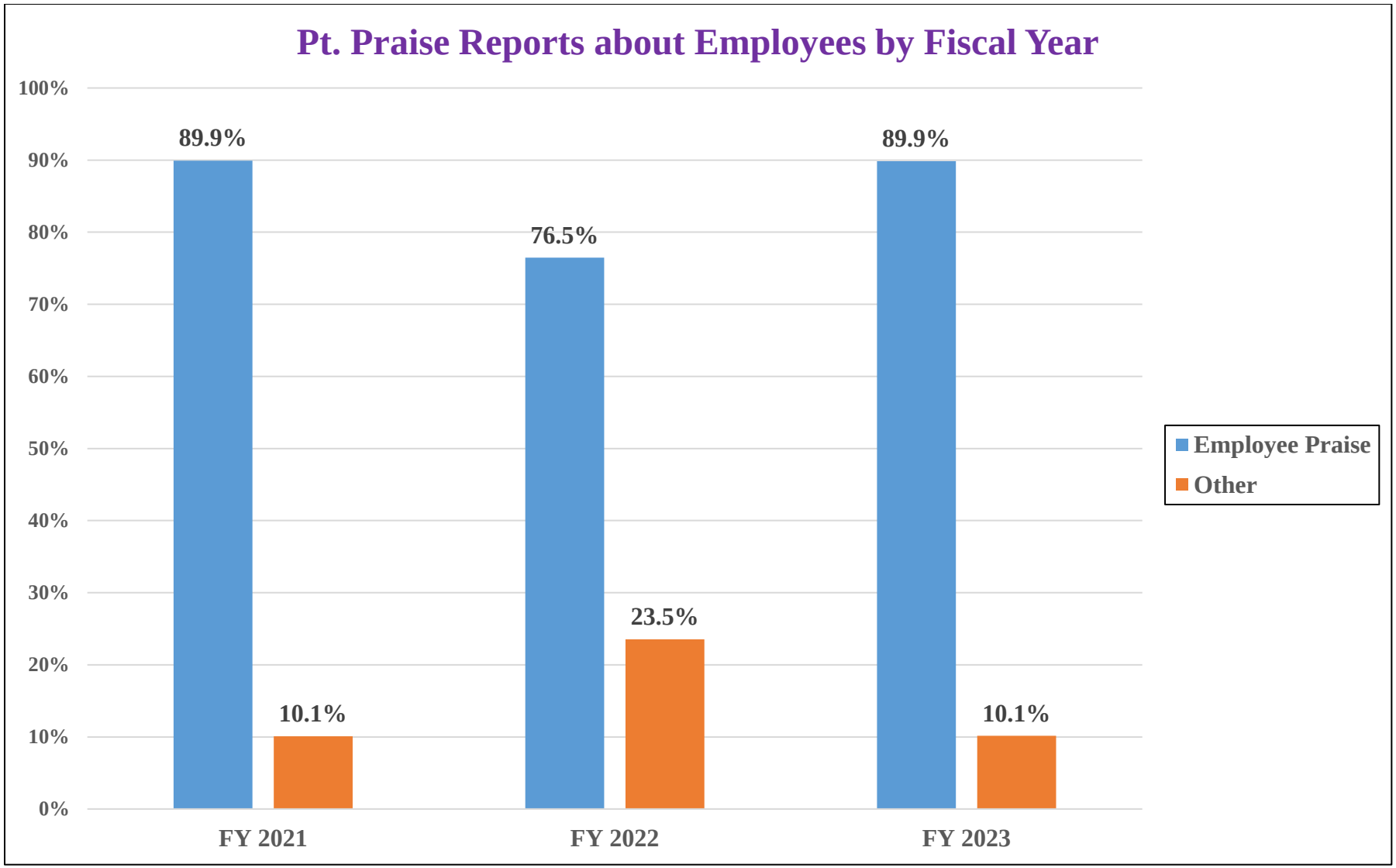

Average Number of Days to Respond to Patient Complaints
18
16
14
12
10
8
6
4
2
0
4.5
4.7
15.7
8.2
17.1
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023

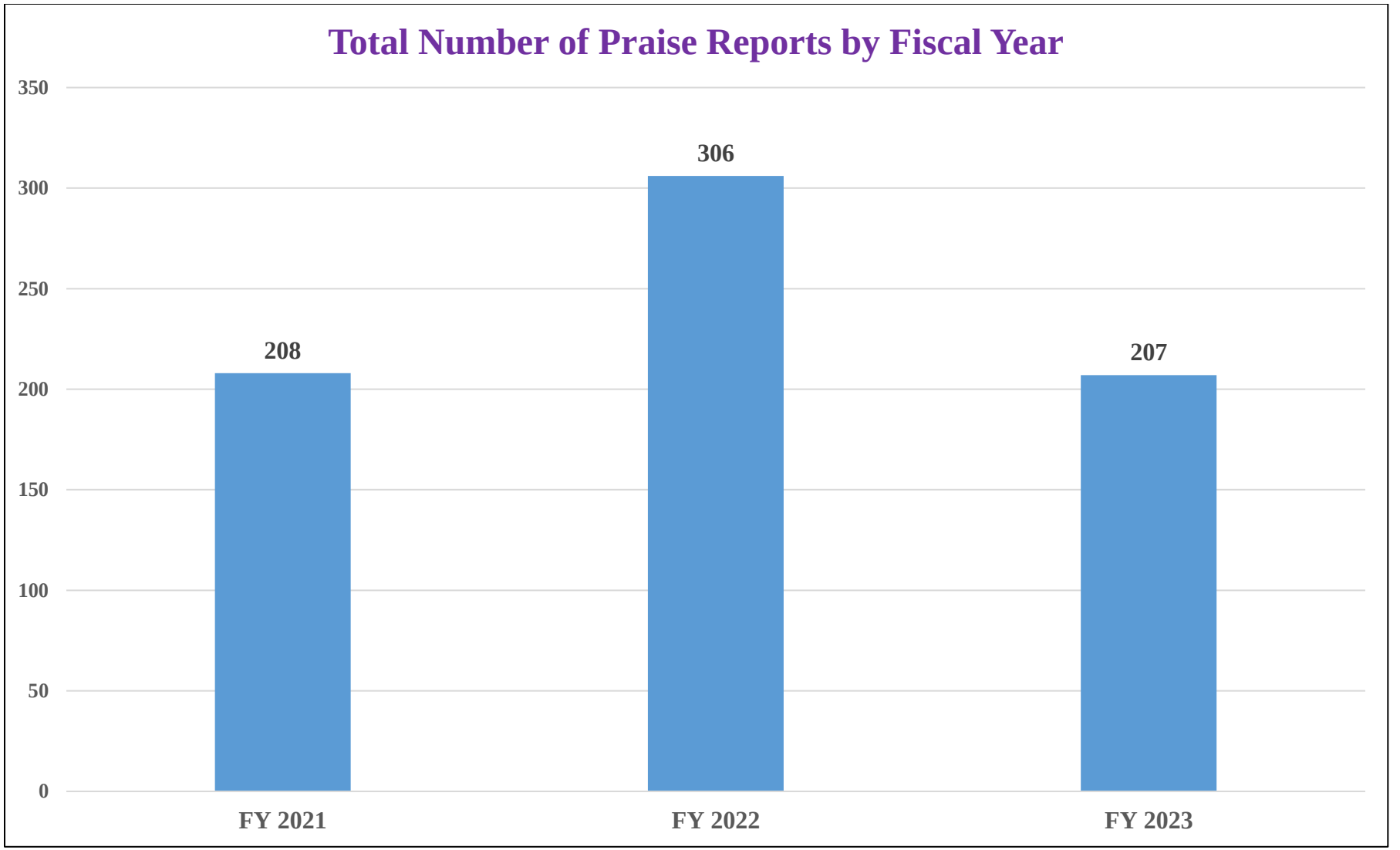

% of Responses to Patient Complaints Taking More Than 14 Days
50%
40%
30%
20%
10%
0%
2.8%
3.7%
45.0%
18.6%
44.4%
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023



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


Praise Reports by Program by Fiscal Year
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
6.3%
0.0%
1.4%
26.4%
6.9%
38.2%
52.4%
81.7%
48.8%
14.9%
11.4%
11.6%
Adolescent
Detox
Residential
Others
FY 2021
FY 2022
FY 2023


Pt. Praise Reports about Employees by Fiscal Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
89.9%
10.1%
76.5%
23.5%
89.9%
10.1%
FY 2021
FY 2022
FY 2023
Employee Praise
Other


Total Number of Praise Reports by Fiscal Year
350
300
250
200
150
100
50
0
208
306
207
FY 2021
FY 2022
FY 2023

Christina Seim, Clinical Training Manager

Relias Courses Completed, 07/01/2022 through 06/30/2023:

- **4,591 Training Courses Completed**
- **5,581.78 Training Hours Completed**
- **72.7% of Courses Completed on Time**

GATEWAY PATIENT OUTCOMES FOLLOWING DISCHARGE

POST DISCHARGE PATIENT SURVEY RESULTS	FY 2021	FY 2022	FY 2023
# of Completed Responses	155	193	243
% Reporting satisfaction with the services they received…	**86.5%**	**80.7%**	**91.4%**
% Reporting that services were helpful in achieving their goals…	72.3%	**66.0%**	77.5%
% Reporting being confident in their ability to remain clean & sober…	**63.9%**	**68.0%**	**83.1%**
% Reporting no alcohol or drug use in the last 30 days…	**83.9%**	73.3%	**86.8%**
% Reporting full- or part-time employment…	**43.8%**	**52.7%**	**57.2%**
% Reporting *"excellent"* or *"great"* recovery progress…	**50.9%**	**60.7%**	**69.1%**
% Reporting that they continue to attend AA, NA or other recovery meetings…	**21.9%**	**54.7%**	**57.2%**
% Reporting that they have an AA/NA sponsor…	*Not Asked*	**44.0%**	**47.7%**
% Reporting no arrests since entering treatment…	**91.0%**	**85.3%**	**95.9%**

(*Green = Above 80%* ***Red = Below 70%*)**

GATEWAY EMPLOYEE DATA: FY 2021-2022

Measure	FY 2021	FY 2022	FY 2023
New Hires	106	130	102
Left Gateway	90	136	88
Average Turnover	30.0%	45.3%	35.16%

New Hires	FY 2021	FY 2022	FY 2023
Female	78.3%	83.8%	71.0%
Non-White	48.1%	55.4%	53.0%

Reason Left	FY 2021	FY 2022	FY 2023
Resigned	75.8%	66.2%	81.6%
Other	4.4%	14.7%	NA
Dismissed	19.8%	19.1%	18.4%

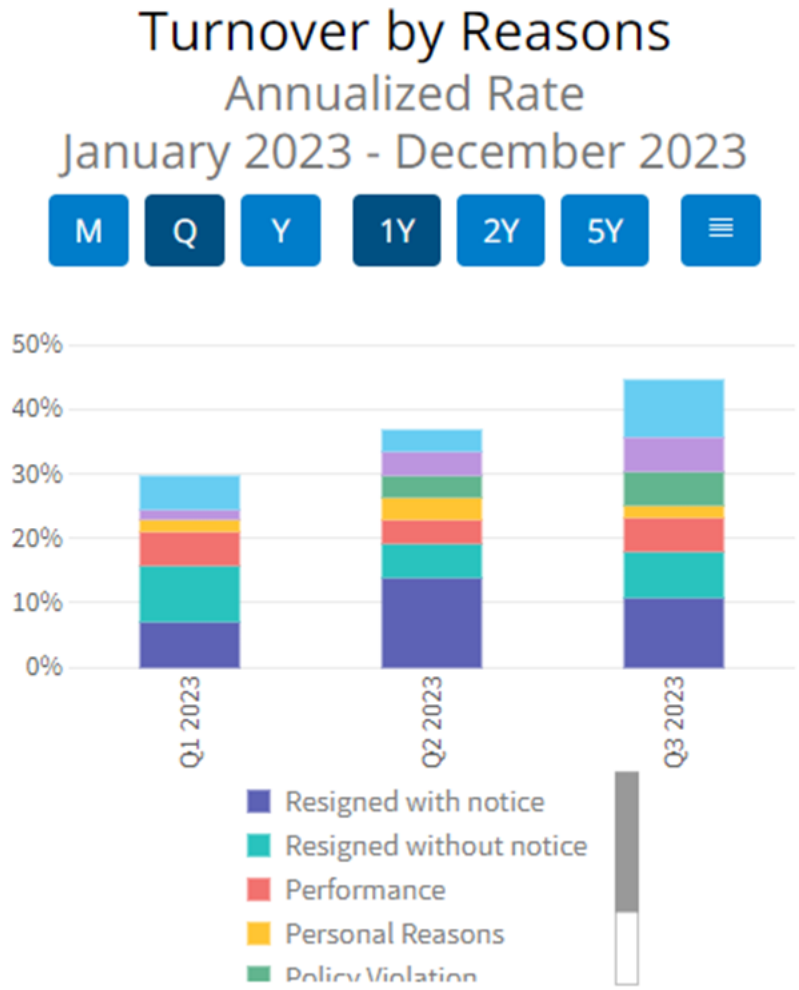
GATEWAY EMPLOYEE DATA

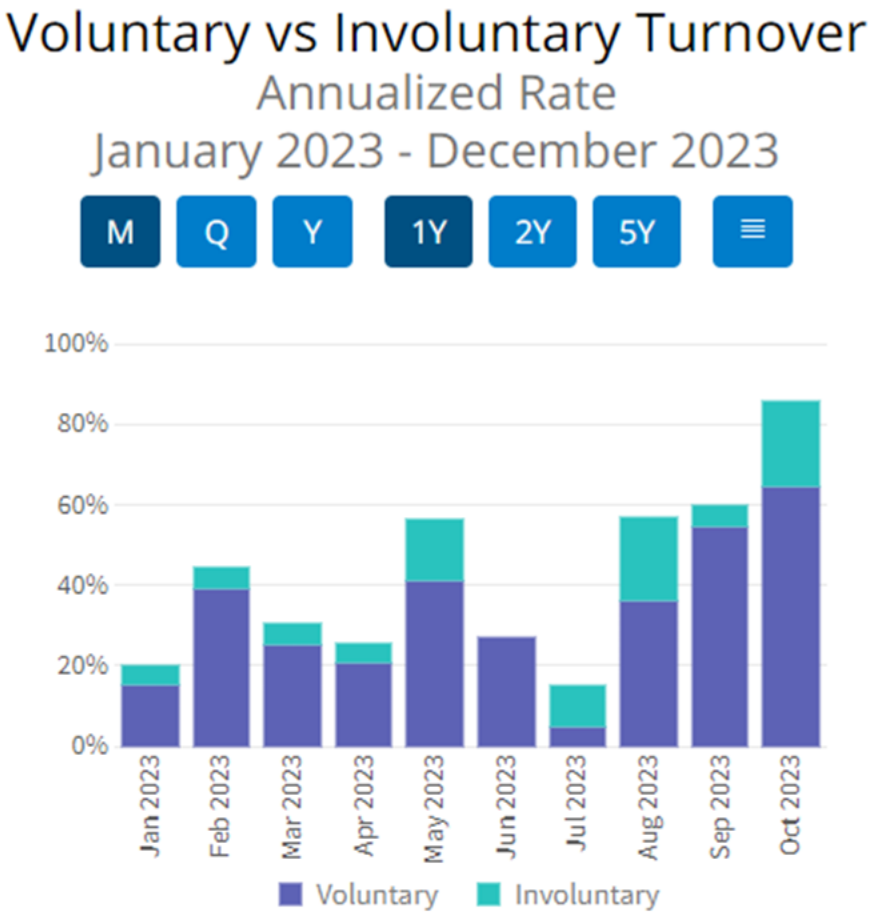
Category	Number	Percentage
White	126	48.6%
Black	120	46.3%
Hispanic	8	3.1%
Other	5	1.9%

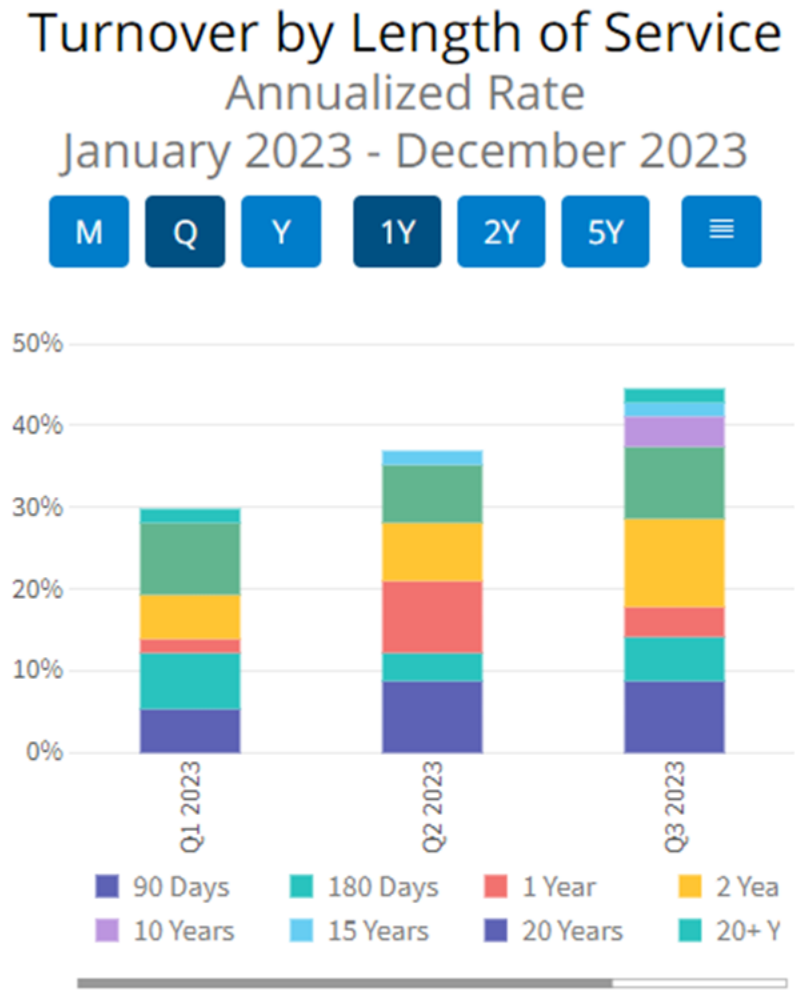
Female	185	71.4%
Male	74	28.6%

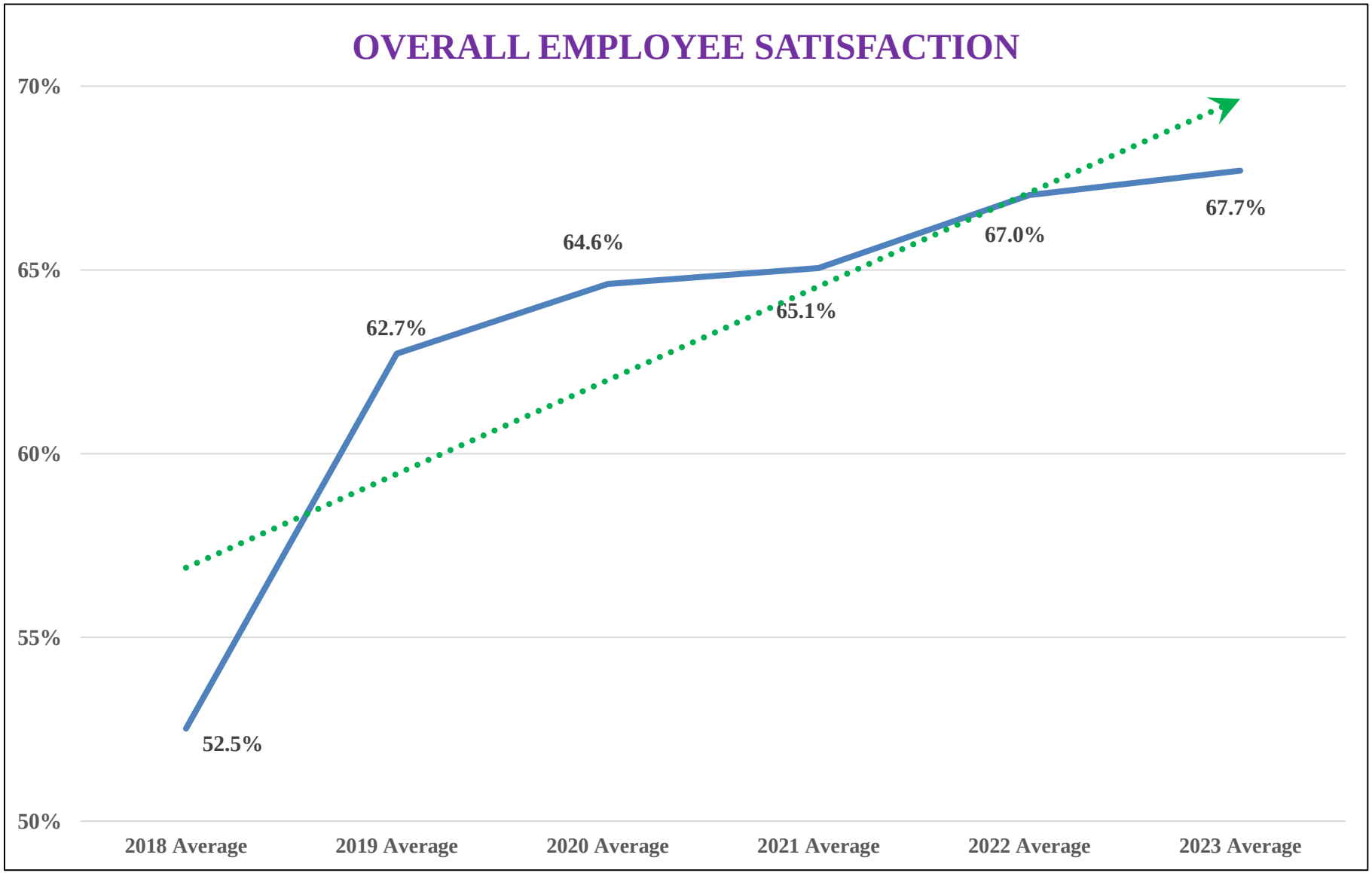
Full Time	225	86.9%
Part Time	9	3.5%
PRN	23	8.9%
Contract	2	0.8%
Total # Employees	259	100.0%


Employee Turnover
Annualized Rate
January 2023 - December 2023
M
Q
Y
1Y
2Y
5Y
100%
80%
60%
40%
20%
0%
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
Jun 2023
Jul 2023
Aug 2023
Sep 2023
Oct 2023


Turnover by Reasons
Annualized Rate
January 2023 - December 2023
M
Q
Y
1Y
2Y
5Y
50%
40%
30%
20%
10%
0%
Q1 2023
Q2 2023
Q3 2023
Resigned with notice
Resigned without notice
Performance
Personal Reasons
Policy Violation


Voluntary vs Involuntary Turnover
Annualized Rate
January 2023 - December 2023
M
Q
Y
1Y
2Y
5Y
100%
80%
60%
40%
20%
0%
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
Jun 2023
Jul 2023
Aug 2023
Sep 2023
Oct 2023
Voluntary
Involuntary


Turnover by Length of Service
Annualized Rate
January 2023 - December 2023
M
Q
Y
1Y
2Y
5Y
50%
40%
30%
20%
10%
0%
Q1 2023
Q2 2023
Q3 2023
90 Days
180 Days
1 Year
2 Yea
10 Years
15 Years
20 Years
20+ Y


OVERALL EMPLOYEE SATISFACTION
70%
65%
60%
55%
50%
52.5%
62.7%
64.6%
65.1%
67.0%
67.7%
2018 Average
2019 Average
2020 Average
2021 Average
2022 Average
2023 Average

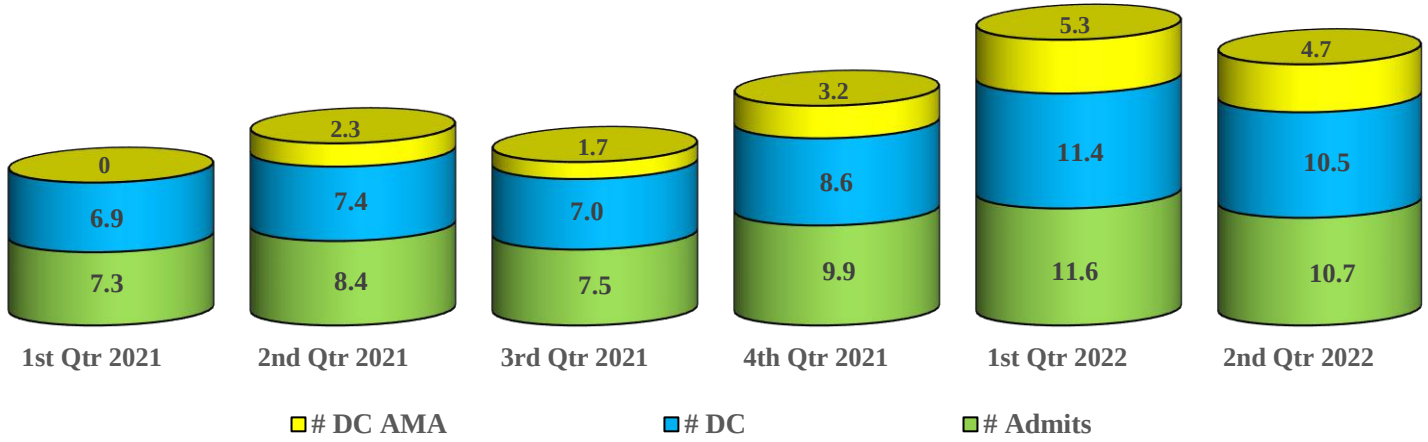
GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2023

GATEWAY KEY STAKEHOLDER SATISFACTION SURVEY RESULTS

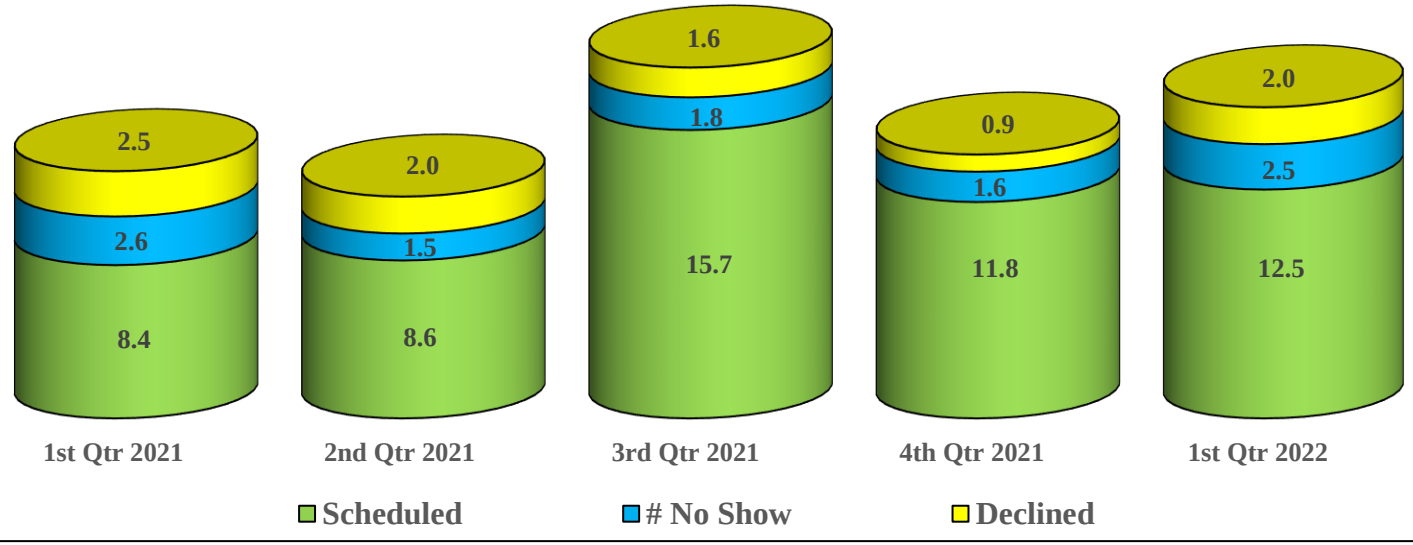
? #	Question:	2018 Average	2019 Average	2020 Average	2021 Average	2022 Average	Averages
1	What percentage of respondents reported that they contacted Gateway an average of 1 x monthly or more?	64.7%	80.0%	69.2%	67.5%	76.5%	71.6%
3	How likely is it that you will recommend Gateway to a friend or colleague? *(Likely or Extremely Likely)*	86.7%	**100.0%**	**100.0%**	75.0%	**100.0%**	**92.3%**
4	How would you describe Gateway's services? *(Above Average or Excellent)*	73.3%	86.7%	**92.3%**	**55.0%**	82.4%	77.9%
5	How well do our services meet your needs? *(Very Well or Extremely Well)*	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? *(Above Average or Excellent)*	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? *(Above Avg or Excellent)*	**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? *(Likely or Extremely Likely)*	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? *(Mostly Aware or Well Known)*	**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? *(Somewhat/Very Satisfied)*	86.7%	**92.3%**	**100.0%**	72.5%	**94.1%**	89.1%
11	Please rate the accessibility of Gateway's services. *(Above Average or Excellent)*	**60.0%**	**60.0%**	**46.2%**	**47.5%**	76.5%	**58.0%**
12	Please rate Gateway for our courtesy/helpfulness. *(Above Average or Excellent)*	**66.7%**	86.7%	**92.3%**	**65.0%**	76.5%	77.4%
13	Please rate Gateway for our professionalism. *(Above Average or Excellent)*	**66.7%**	86.7%	**100.0%**	**65.0%**	76.5%	79.0%
14	Please rate your overall satisfaction with Gateway. *(Above Average or Excellent)*	73.3%	**100.0%**	**92.3%**	**60.0%**	82.4%	81.6%
	Overall Average:	**72.6%**	**87.0%**	**87.4%**	**59.4%**	**81.4%**	**77.6%**

Red = Below 70% Green = Above 90%

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. Injuries/Slips/Falls: 38 injury/slip/fall incidents occurred in FY 2023 demonstrating that efforts to reduce these incidents have been successful. Slip/fall incidents have declined each year since FY 2020. Injuries, slips, and falls only comprised 12.8% of all events in FY 2023.
2. Medication Errors: There were eight medication errors in FY 2023, averaging two per quarter. While there were only two medication errors reported in all of FY 2022, the number of these type incidents continues to be low and is lower than FY 2021 when there were 20 medication errors. This outcome demonstrates that Gateway's efforts to reduce the frequency of medication errors have been successful.
3. Aggression/Fighting/Threats/Weapons: 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. Incidents of aggression/fighting were combined with those reporting weapons and threats, which are historically low, to improve data analysis. Even after combining these event types, the category only comprised 11.1% of all incidents for FY 2023.
4. Medical Issues *(High blood pressure; Chest Pain; Illness; Seizure; and Medical Issues)*: After combining several incident reporting categories during FY 2023 to improve data analysis, medical issues accounted for almost a quarter of all incident reports (26.0%). Other than AWOLs/AMAs (27%), this was the largest category of events.
5. Baker Acts (*Baker Act and Suicide Attempt or Threat)*: These occurrences increased in FY 2023, comprising 20.9% of incidents. The increase of these events is viewed as a positive outcome however since these actions are preventative and reduce potential harm to patients.
6. Patient Deaths: The volume of patient deaths have been stable since 2020. Due to the opioid epidemic, patient deaths are expected. Mortality reviews completed following non-natural patient deaths help to improve Gateway's services and help to reduce the risk of suicide and overdose. Increasing strategies implemented to improve patient health should reduce natural deaths.
7. Unauthorized Disclosures: The volume of unauthorized disclosures decreased 38.5% in FY 2023 (13 in FY 2022 and 8 in FY 2023). There is no programmatic pattern for these occurrences.
8. Drugs/Alcohol/Contraband: The number of incidents reporting drugs, alcohol, or other contraband being found or used on a Gateway property increased 42.9% in FY 2023 (20) Gateway's search protocols have been strengthened, which has contributed to the increase in these events.

Classification:

77.7% of incidents have been reported by adult programs/services and adolescent programs have reported 21.3%. 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.

Trends:

380 incidents were reported in FY 2023, which is a 28.4% increase over FY 2022 when 296 incidents were reported. The total number of incident reports since FY 2017 averaged 325.1, and the overall trend for the past seven years is slightly upward. This outcome meets the established target of averaging less than one incident report daily (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. These programs accounted for 81.6% of all incidents and the percentage of incidents from these programs has risen steadily since 2020. This outcome is expected since the patients are residing on campus. Incidents occurring in Detox were significantly reduced in FY 2021 (48), but increased 40% in FY 2022 (80), and 45% in FY 2023 (116). Incidents reported by Gateway's adolescent residential programs (GRC and BRC) have remained fairly stable since FY 2019. Most of the adolescent residential incident reports continue to be due to patients absconding. Incident reports for adult residential were trending downward since FY 2019 but increased 47.9% in FY 2023 (105).

Areas Showing Significant Improvement:

AWOLs have been significantly reduced since FY 2017 (114) and FY 2018 (121), and continue to trend downward, which is a positive outcome. It is important to note that DCF requires that adolescent residential treatment services (BRC and GRC) report both AMAs and AWOLs, while adult residential treatment services only report AWOLs.

Slips, falls, and injuries have stabilized since FY 2020 when they reached a peak of 54. (FY 2021 = 36; FY 2022 = 30; FY 2023 = 38)

Patient deaths have remained stable in recent years in spite of the opioid epidemic. There have been 74 patient deaths since the beginning of FY 2019. (FY 2019 = 8; FY 2020 = 16; FY 2021 = 17; FY 2022 = 17; FY 2023 = 15)

Although the number of Baker Acts has increased significantly over the past two years (FY 2022 = 69 and FY 2023 = 62), this increase is a positive outcome since these actions are preventative and reduce potential harm to patients.

Areas Needing Improvement:

The total number of incidents had been trending downward since FY 2019 when incidents peaked at 376 but increased in FY 2023 by 27.4% to total 380. Much of this increase is probably attributable to improved incident reporting by Gateway employees.

There were 36 reported medical issues *(High BP; Chest Pain; Illness; Medical Issue; and Seizures)* in FY 2021 and FY 2022. These events more than doubled in FY 2023 to total 77.

Actions Taken to Address Needed Improvements:

Autopsy reports are obtained for patient deaths and mortality reviews continue to be conducted by Gateway's CMO and CCO with all personnel who were directly involved in treating the patient, whenever 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 present at the Stockton campus for most days and hours, since this site has been the location of the majority of threats and/or acts of aggression. 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 and strengthened the adult residential and detox search protocols.

Results of Corrective Actions:

Changes implemented over the course of the report period have had 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.

Education and Training of Personnel:

All Gateway employees complete annual competency-based training. 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. All employees complete Florida's DCF Security training, which 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 Quality Improvement/CCO, and the organization's Continuous Quality Improvement Council (QIC) review incident reports daily. 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 required elements have been satisfactorily documented and resolved, as verified by Gateway's Director of Safety Compliance.

External Reporting Requirements:

Stare (DCF), Managing Entity (LSF) and CARF reporting requirements are met to ensure conformance to statutory and regulatory requirements, and accreditation standards. Gateway's VP of Quality Improvement / CCO works with the Director of Safety Compliance to ensure conformance, and summarizes and analyzes incident report data and outcomes for the organization's QIC, Executive and Leadership teams.

ANALYSIS OF PATIENT COMPLAINTS

Trends

The overall volume of patient complaints is trending downward. 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 continue to submit the largest number of complaints (FY 2022 = 176 and FY 2023 = 187). The volume of complaints summited by adult residential patients is trending upward. (FY 2019 = Residential patients have been responsible for the submission of over half of all complaints over the past five fiscal years. (685, which = 52.3% of all complaints submitted)

Complaints submitted by Detox patients over the past five years are trending downward, and comprise 16.8% of all patient complaints (220).

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) and 19 in FY 2023. The 229 complaints submitted by adolescents over the past five years account for almost a fifth of all patient complaints (18.9%).

Complaints submitted by all other Gateway programs over the past five years are also trending downward, and account for only 12% (157) of all complaints.

46% of patient complaints in FY 2023 were about employees. The overall volume of complaints submitted about employees however is trending downward.

25% of patient complaints in FY 2023 were about other patients. The overall volume of complaints submitted about other patients continues to trending upward.

10.5% of patient complaints in FY 2023 were about rules, policies and procedures, or operational practices. This outcome is stable over the past five years.

18.5% of patient complaints in FY 2023 were about other issues. *"Other complaints"* have been relatively stable for the last five years,

48.4% of patient complaints in FY 2023 resulted in staff training. The trend for this outcome over the past five years is upward and occurred for approximately half of all complaints over the past two years.

22.1% of patient complaints in FY 2023 resulted in one or more employees being counseled, discharged, or terminated. (*Note: Very few complaints resulted in employee terminations.*) The overall trend for this outcome continues to be downward.

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. Over the course of the past five fiscal years, 721 praise reports were submitted. 85.4% of praise reports have been about employees. 61% of praise reports were submitted by adult residential patients and 23.8% were submitted by Detox patients (84.8%).

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 2023 was 17.1 days, which more than twice what is was in FY 2022 (8.2 days) and more than FY 2021 (15.7 days). The average response times for FY 2019 and FY 2020 both were less than five days (4.5/4.7). The percentage of responses taking more than seven days increased from 17.8% in FY 2022 to 63.7% in FY 2023. 44.4% of response times for FY 2023 took more than two weeks, which is similar to FY 2021 (45%) and significantly more than FY 2022 (18.6%) Adolescent services' response times increased from 4.1 days in FY 2021 to 11.3 days in FY 2023 and adult residential response times increased from 7.4 days in FY 2021 to 18.6 days in FY 2023. The most significant delay in response times was from other Gateway programs (Aftercare, RBS, TRH, Adult OP, Supportive Housing, AH, IV, TRH, etc.), which averaged 15.7 days to respond to complaints in FY 2021 and 19.7 days in FY 2023. Detox continued to have acceptable response times (FY 2019 = 4.4 days; FY 2020 = 3.9 days; FY 2021 = 9.6 days; FY 2022 = 4.7 days; and FY 2023 = 5.1 days).

Implementation of Actions Taken to Improve Performance:

Gateway significantly increased salaries for SAT, RSS, and MSS positions while increasing minimal position education and certification requirements. Increased and improved supervision is also being provided. The patient praise, suggestion, and complaint system that utilizes 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, RSS, and MSS staff with education beyond a high school diploma. Attempts to have all SAT, RSS, and MSS 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 via use of the electronic kiosk system.

The average response time for patient complaints, as outlined above, must decrease and substantial improvements have already been noted over the first few weeks of FY 2024.

EMPLOYEE COMPLAINTS / SUGGESTIONS

Three employee complaints/suggestions were filed by Gateway employees in FY 2023. No complaints or suggestions were by filed Gateway employees in FY 2022 and zero complaints and only one suggestion were submitted in FY 2021. All complaints/suggestions were effectively addressed and resolved in a timely manner. No trends or patterns were noted.

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 most of FY 2023 continued to be the Covid-19 pandemic, which adversely impacted all services and operations. Reductions in capacity in services continued to reduce the number of Gateway admissions. 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 Covid infections among both patients and staff.

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 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 timely access to quality patient care.

A third ROSC assessment was completed. Results of these surveys are utilized to prioritize needed operational and service adjustments. Improvements are tracked and the action plan is accordingly adjusted. Progress made in achieving ROSC objectives are reported to Gateway's executive and leadership teams and Lutheran Services of Florida (LSF), the organization's managing entity.

Gateway was awarded a Certified Community Behavioral Health Clinic (CCBHC) grant by SAMHSA in early 2021 and the grant award was extended/renewed in the first quarter of FY 2023. CCBHCs provide a comprehensive range of substance use disorder (SUD), mental health, and physical 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. This comprehensive array of services is 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 CCBHC funded services. An implementation team was formed with Gateway's CEO and key executive and leadership personnel. A consulting firm continues to assist with the required transition of services.

Gateway replaced its electronic health record (EHR), Avatar with SmartCare by Streamline Healthcare Solutions on July 1st, 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 continues to stabilize as evidenced by the number of errors in the daily reports disseminated to executives, directors, supervisors, and to employees with errors. Daily error reports (*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

All programs completed the fiscal year with successful completion averages above the established target (50%) and the LSF contractual requirement (45.6%), except for adult outpatient (35.9%) and adolescent residential treatment services (48.1%). The percentage of successful completions for detox, adult residential, and adolescent residential, are trending downward. The percentage of successful completions for adult outpatient & adolescent intervention services are flat with no trend. The percentage of successful completions for PSC, adult intervention, and adolescent outpatient services are trending upward.

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 39.9% of patients transitioning into treatment, which is above the target of 35%. 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.

Prevention services effectiveness is measured by pre- and post-test score improvements, and the target for overall improvement achieved is above 15%. This outcome was not achieved in FY 2022 (13.2% improvement) but was achieved in FY 2023 (18.8%).

Satisfaction with Services

Overall, patient satisfaction is above established targets (> 3.0 out of a 4.0 scale) for all programs except adolescent residential services (2.4). While prevention services reported 100% satisfaction for FY 2022 and FY 2023, this outcome was determined by a very limited dataset. The new prevention services director is attempt to resolve this issue. Satisfaction with adult IOP services was unavailable for FY 2022 and FY 2023 due to the lack of patients served in that component.

Patients contacted following discharge from services reported overall satisfaction with the services that they received (91.4%). Most of those contacted were employed (57.2%) and that they had not used alcohol or drugs in the past 30 days (86.8%). 69.1% reported that they believed that their recovery progress was "*excellent*" or "*great*" and 57.2% reported that they continue to participate in AA, NA, or other recovery meetings.

LSF patient satisfaction surveys evidenced the lowest adult patient satisfaction with Gateway services since FY 2015 (78.5%). The trend for adult satisfaction since FY 2015 is downward. However, five of the last fiscal years have been above 90%. (FY 2015 = 87.6%; FY 2016 = 91.0%; FY 2017 = 90.6%; FY 2018 = 96.9%; FY 2019 = 86.5%; FY 2020 = 88.0%; FY 2021 = 94.9%; FY 2022 = 93.5%; and FY 2023 = 78.5%.)

The majority of adolescents surveyed in FY 2023 reported being satisfied with Gateway services (85.2%). The overall trend for adolescent patient satisfaction is also downward. Overall satisfaction results have been above 90% for five of the last nine years. (FY 2015 = 95.4%; FY 2016 = 94.9%; FY 2017 = 90.9%; FY 2018 = 92.7%; FY 2019 = 86.5%; FY 2020 = 82.8%; FY 2021 = 83.2%; FY 2022 = 92.4%; and FY 2023 = 85.2%.)

Employee satisfaction continues to improve as demonstrated by the overall upward trend in employee responses to the annul satisfaction survey since 2018. However, the overall outcome continued to be below the established threshold of 70% overall satisfaction. (2023= 68.1%) 83% of employees reported that they are proud to work for Gateway and 77% reported that they would recommend Gateway's services to a family member or friend. Conversely, less than 60% of Gateway employees report that communication is effective. However, improvements in communication are evidenced by the continuing upward trend from 21.4% in 2018. Gateway utilized Culture Amp to complete employee surveys in 2023 but did not experience improvement from this service so it has been discontinued for 2024.

Overall employee satisfaction for 2022 and 2023 averaged above target (> 75%) for PSC (77.2%) and adolescent residential treatment services (77.9%). It was below target (> 75%) for all other programs. (Detox = 53.6%; adult residential = 70.4%; adult outpatient = 71.6%; adult intervention = 70.9%; adolescent outpatient = 70.7%; adolescent intervention = 74.4%; and prevention services = 69.2%) Actual outcomes for 2023 were above target for all programs except detox (42.3%) and adult intervention (73.7%). No employee satisfaction was obtained for adult IOP since no services were provided in that component.

Key stakeholder (*DCF, LSF, and other provider and business partners*) satisfaction was collected by program for 2022 and 2023. Average satisfaction reported by key stakeholders for 2022 and 2023 was above target (> 75%) for all programs except PSC (66.7%). Detox, adult intervention, and prevention services achieved 100% key stakeholder satisfaction for 2023.

Efficiency of Operations

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

- The detox efficiency measure is the quarterly average no-show rate for admissions. Detox no shows averaged 42%, which is above the current target (40%) and the overall trend since 07/01/2021 is negative (increasing) for this measure.
- The efficiency measure for Adult Residential is also measured by the quarterly average no-show rate. The trend for this measure since 07/01/2021 is upward (a negative trend) but the overall average is below target at 20.1%. (Target = < 25%.) Six of eight quarters averaged below the target and five quarters averaged below 20%. Only two quarters were above target.
- The efficiency measure for Adolescent Residential (BRC and GRC) is the quarterly average bed occupancy (utilization) rate. The target for this outcome is 100%, the program exceeded this target in five of eight quarters, and three quarters during FY 2023 were above 100%. The trend for this outcome is upward (a positive trend) and the overall average occupancy for Gateway's adolescent residential treatment programs since 07/01/2021 is 101.3%.

- Prevention Services efficiency is measured by the number of persons served annually. The average number of persons served has been above target (3,500) since 07/01/2021, averaging 4,377.7 individuals receiving services annually. The trend for this outcome is upward (positive).
- Adult and adolescent outpatient and intervention programs, PSC, and adult IOP services measure efficiency by quarterly employee productivity using EHR (SmartCare) data reports. These reports of employee productivity continue to be refined 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. This is a positive outcome.
    - Adult IOP productivity could not be measured due to the lack of admissions.
    - Adult Intervention productivity is trending downward, which is a negative outcome. It is important to note that intervention services have been greatly reduced with the inauguration of "*Treatment Today*", and the cessation of MET groups.
    - 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 reported by program and is measured differently for detox, residential, and prevention programs.

- Access to detox services is measured by the average daily census. Since 07/01/2023, the trend for this measure has been downward, which is negative. However, the average overall census for the fiscal year was 16.2, which was above the minimum target of 16. It is important to note that the target was reduced significantly due to the Covid-19 pandemic.
- Access to adult residential services is measured by the quarterly average number of days between orientation and the development of the individualized, person-centered treatment plan. The trend for this outcome, since 07/01/2021, is downward, which is positive. The average for the year was 9.6 days, which is below the maximum target of 10 days.
- Access to adult outpatient services is measured by the quarterly average number of days between the patient's orientation and the development of the individualized, person-centered treatment plan. The trend for this outcome, since 07/01/2021, is downward, which is positive. The average for the year was 13.9 days, which is slightly below the maximum target of 14 days.
- Access to adult IOP services could not be determined since there due to the lack of admissions.
- Access to adult intervention services is measured by the quarterly 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. However, the average, since 07/01/2021, is 11.8 days, which is below the maximum target of 14 days.
- Access to PSC services is measured by the quarterly 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, 07/01/2021, is 9.7 days, which is slightly above

the maximum target of 10 days. It is important to note that this average is skewed by the outcome for the fourth quarter of 2021 when the average number of days was 28.

- Access to adolescent residential treatment is measured by the quarterly average number of days between the patient's orientation and the development of the individualized, person-centered treatment plan. The trend for this outcome is downward, which is positive. The average, since 07/01/2021, is 7 days, which meets the maximum objective.
- Access to adolescent outpatient services is measured by the quarterly average number of days between the patient's orientation and the development of the individualized, person-centered treatment plan. The trend for this outcome is slightly downward, which is positive. The average for the year was 19.5 days, which is above the maximum target of 21 days.
- Access to adolescent intervention services is measured by the quarterly 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.
- Access to prevention services is measured by the annual total number of prevention presentations. The trend for this outcome is upward, which is positive. This outcome is dramatically impacted by the fact that services increased by almost 400% in FY 2023, totaling 4,280, when they were just over 1,000 for the two prior fiscal years. (FY 2021 = 1,257 and FY 2022 = 1,123.)

Employee Supervision

An improved mechanism for totaling supervision hours was implemented in 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, each month, continued to vary by program. The overall average number of hours of supervision decreased for the third consecutive fiscal year to 2.4 hours per employee monthly. (FY 2021 = 3.3 hours per employee monthly and FY 2022 = 2.7 hours per employee monthly.)

The PSC, Adolescent Outpatient/Intervention, FIS programs, and the Hospital Bridge programs reported the lowest average number of hours of supervision per employee per month. (PSC and Adolescent Outpatient = 1.0 hours per employee monthly. The Hospital Bridge and FIS = 1.1 hours per employee monthly.)

FIT and adolescent residential services also continued to report a low number of hours of supervision per employee per month. (FIT = 1.6 hours per employee monthly and Adolescent Residential = 1.9 hours per employee monthly.)

Other Gateway programs averaging less than four hours of supervision per employee each month include the CCBHC / ICS (2.3 hours/employee/month); Adult Residential (2.5 hours/employee/month; Adult Outpatient (3.6 hours/employee/month), and the SAMHSA STAR grant (3.9 hours/employee/month.)

The Gateway programs documenting the most supervision each month included Aftercare/HSS and RBS/TRH. These programs provided a monthly average of 4.1 hours of supervision to each employee, or approximately one hour of supervision, per employee, monthly.

While the average number of hours of supervision for each employee decreased in the CCBHC/ICS, Adult Residential, Adult Outpatient, RBS/TRH, Adolescent Outpatient, and STAR programs from FY 2022 to FY 2023, supervision increased in the Adolescent Residential, Aftercare/HSS, FIS, FIT, PSC, and Hospital Bridge programs.

Peer/Supervisor Record Reviews

A new peer/supervisor record review form was developed over the course of FY 2023. It was completed and implemented on 07/01/2023 and is expected to improve the documentation of patient services, going forward.

Monthly peer and supervisory record reviews, of a sample of both open and closed patient records, were completed for each Gateway program. Peer reviews averaged 7.6 records per month for FY 2023, which is a decrease from prior fiscal years. (FY 2020 and FY 2021 = 12.4; FY 2022 = 8.7) While fewer records are being reviewed each year, the average scores of reviews for all programs is fairly stable (FY 2020 = 93.0%; FY 2021 = 94.5%; FY 2022 = 94.3%; and FY 2023 = 93.9%), with reviews being consistently positive (overall average = 93.9%).

- The adult outpatient team reviewed an average of 9.7 records each month with an average score of 89.2%, which is significant lower than prior fiscal years. While these outcomes are generally positive, the trend is downward (negative) for the number of records reviewed (FY 2020 = 34.2 and FY 2021 = 32.2; FY 2022 = 20.7) but review scores have consistently been positive (FY 2020 = 93.2% and FY 2021 = 96.8%; FY 2022 = 95.4) Gateway's adult outpatient program should continue to work to improve the documentation of patient services.
- The adult residential team reviewed an average of 15 records monthly, with an average score of 93.5%, which is an improvement over prior years. The trend for record scores is upward, which is positive. (FY 2020 = 86.9%; FY 2021 = 91.3%; and FY 2022 = 92.3%).
- The adolescent residential team reviewed an average of 7.5 open and closed records monthly. The trend for the number of record reviews for adolescent residential services is downward, which is a negative outcome (FY 2020 = 7.6 and FY 2021 = 8.7; and FY 2022 = 7.3). Record review scores for this program are positive as scores averaged at or above 97% for all three years.
- The adolescent outpatient/intervention team reviewed an average of 9.8 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). Record review scores for adolescent intervention/outpatient are positive as scores have averaged at or above 98% in prior fiscal years, and averaged 99.4% in FY 2023.
- Aftercare/HSS averaged reviewing only 3.6 records per month in FY 2023 (the STAR grant is the only Gateway program with fewer records reviewed), and the overall trend for the number of records reviewed is downward (negative). (FY 2021 =13.3; FY 2022 = 7.5). Record review scores for FY 2023 averaged 84.4%, which was consistent with prior fiscal years (FY 2020 = 87.3% and FY 2021 = 87.4%; and FY 2022 = 87.1%). Gateway's Aftercare and HSS programs should continue to work to improve the documentation of patient services.
- The FIS team reviewed an average of 5.3 records in FY 2023 with an average score of 99.7%, which is significantly improved from FY 2022 (86%). The average number of FIS records reviewed continues to decline (FY 2020 = 12.2; FY 2021 = 11.3, and FY 2022 = 6.6).
- The FIT team reviewed an average of 7.4 records monthly in FY 2023, which is an improvement over FY 2022 (5.9). Average record review scores are positive overall and have remained fairly stable for the past fiscal years (FY 2020 = 96.9%; FY 2021 = 97.4%; FY 2022 = 96.6%; FY 2023 = 99.2%). The average score for all fiscal years is above 96%.

- The PSC team reviewed an average of 6.8 records monthly in FY 2023, with an average score of 99.8%. The average number of record reviews completed monthly increased from FY 2022 (4.3). Overall average record review scores are positive, averaging above 96%, and the overall trend is upward (positive). (FY 2020 = 96.9% and FY 2021 = 97.4%; and FY 2022 = 98.1%)
- The STAR team reviewed an average of 2.9 records each month in FY 2023, which is the fewest number of records reviewed of any Gateway program. This is especially concerning as the average records review score was only 79%, which is far below any other Gateway program. The average number of record reviews continued to decline from prior fiscal years (FY 2020 = 8.1; FY 2021 = 7.2; FY 2022 = 6.0) Overall average record review scores are historically below 95% and average 87.4% for the past four fiscal years (FY 2020 = 84.8%; FY 2021 = 91.6%; FY 2022 = 94.3%). The STAR grant ends on 09/30/2023.
- Gateway's CCBHC / ICS services averaged reviewing 7.8 records monthly in FY 2023, with an average score of 97%. The number of records reviewed increased in FY 2023 (FY 2022 = 6.3) and the average score increased (FY 2022 = 96.7%). FY 2020 and FY 2021 data is unavailable as these are new services.

Medical Peer Reviews

Medical peer reviews continue to be 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. 507 records have been reviewed since FY 2018 for an average of 84.5 reviews annually. No prescribing errors were identified during the reviews completed during FY 2023. No trends have been identified and no corrective actions have been required.

Employee Retention, Turnover, and New Hires

102 new employees were hired in FY 2023, which is 21.5% fewer than were hired in FY 2022 (130) and 3.8% fewer than were hired in FY 2021 (106). 71.0% of new hires were female in FY 2023 which is lower than FY 2022 (83.8%), and was also lower than FY 2021 (78.3%). 53.0% of new employees were non-white, which was lower than FY 2022 (55.4%), but higher than FY 2021 (48.1%).

81.6% of employees who left Gateway in FY 2023, resigned from their position, which was a significant improvement over FY 2022 (66.2%), and was also higher than FY 2021 (75.8%). The percentage of employment terminations remained relatively unchanged from FY 2021 (19.8%) to FY 2022 (19.1%), but deceased to 18.4% in FY 2023. The average turnover rate for FY 2023 was 35.2%, which was less than FY 2022 (45.3%) but more than FY 2021 (30.0%).

Evaluations of Emergency/Disaster Plans (Drills)

All programs and facilities have completed and documented evaluations of all emergency/disaster plans as scheduled since 2018. 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, on each shift, in each program. No areas were identified as needing improvement in FY 2023 for existing emergency plans. However, a "*Code Blue*" emergency plan addressing CPR incidents was introduced. Staff training was provided and the plan was tested at all sites. This emergency plan was implemented following a patient death in Detox.

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Gateway's emergency management team continues to make revisions and improvements to the organization's emergency plans. Gateway's executive team met regularly to address changes required to effectively respond to the Covid-19 pandemic. Changes in operations included, but were 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 2023 and proved to be largely effective. There were several outbreaks of Covid at Gateway sites however. These occurrences were adequately and appropriate addressed in an effective manner so that they were of a relative short duration. By the close of the fiscal year, almost all Covid precautions had been lifted and were only being utilized on occasion, when needed.

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.

Closing Summary

The documented review and use of the data in this report 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 this 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 2023 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, LSF, and the City of Jacksonville demonstrated positive outcomes, as no corrective actions were required.
- Successful program completions continued to be above target for some programs.
- Reviews of patient records by professional employees and external auditors demonstrate that the documentation of services conforms to regulatory, accreditation, and policy requirements.
- 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, surveys demonstrate that satisfaction is trending upward for these groups.
- 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, including elopements (AWOLs). Efforts to reduce/eliminate injuries, slips, and falls were successful. The number of reported incidents of medical issues also continued to decrease.
- 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.
- 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:

- Admissions to detox, and to adolescent and adult residential treatment, need to return to pre-pandemic totals.
- Successful completions continued to trend downward for many adult programs.
- The detox daily census continued to be below target.
- The number of patients transitioning from Detox to treatment services is trending downward.
- The no-show rate for adult residential services is trending upward.
- Documented clinical supervision averages needs to increase for many employees.
- Patient satisfaction is below target for adolescent residential treatment services.
- Almost half of patients who were contacted post-discharge report that they struggle with obtaining a stable source of income, that they have not not continued participation in recovery support groups, and/or that they do not have an AA/NA Sponsor.
- Key stakeholder satisfaction is below target for Gateway's Problem-Solving Courts.
- Employee satisfaction continues to improve but is below target for some programs. Efforts to improve communication within the organization need to continue.
- The number of open and closed records that are reviewed each month is low in some programs and scores are below target in three programs.
- Monthly employee supervision averages significantly below one hour a week in all but two Gateway programs.
- Efforts to improve both the hiring and retention of qualified personnel need to continue.