ANNUAL PERFORMANCE MANAGEMENT REPORT

Fiscal Year (FY) 2024: July 1, 2023 through June 30, 2024

August 31st, 2024

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 via performance measurement and management in service delivery and business functions following the plan, do, study, act (PDSA) cycle. 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 and populations served and to 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 are invested in Gateway's Quality Improvement activities, along with other personnel from all levels of the organization, soliciting, gathering, and utilizing input from the organization's many stakeholders. Multiple mechanisms are employed to collect and exchange information and to communicate with stakeholders at various points in time throughout the year.

Gateway identifies gaps and opportunities in preparation for the development and review of its annual performance measurement and management plan and report and 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: government, regulations, the economy and funding, personnel issues, natural disasters, etc. Significant issues identified as affecting services for Fiscal Year (FY) 2024 included, but are not limited to: continued changes in leadership; difficulties hiring and retaining qualified employees, continued implementation of the SAMSHA CCBHC grant; 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	41.4%
Male	58.0%
Unknown	0.6%

Race/Ethnicity	Percentage
Black	32.0%
White	64.9%
Other/Unknown	3.1%
Hispanic	6.8%

Employment Status	Percentage
Unemployed	48.3%
Employed	19.8%
Other (*Retired, Leave, Military, Inmate, etc.*)	11.8%
Student	11.3%
Disabled	6.8%
Veterans	2.7%
Homemaker	1.0%
Unknown	1.0%

Primary Drug of Choice	Percentage
Alcohol	30.8%
Opioids and Synthetics	24.7%
Marijuana/Hashish	19.6%
Cocaine/Crack	11.2%
Methamphetamine/Ice	5.4%
Amphetamines/Stimulants	2.1%
Benzodiazepines	0.9%
Other Drugs	5.3%

Tobacco Use	Percentage
Tobacco User	60.6%
No Tobacco Use	24.1%
Unknown	15.3%

Birth Outcomes at Discharge	Count	Percentage
Live Birth *(Drug Present in Newborn)*	31	67.4%
Live Birth *(No Drug Present in Newborn)*	4	8.7%
Unknown Birth Outcome	9	19.6%
Miscarriage/Pregnancy Terminated	2	4.3%

Admission Age	Percentage
11-17	12.1%
18-25	7.5%
26-35	27.5%
36-45	27.0%
46-55	15.0%
56-65	9.3%
66+	1.7%

County of Residence at Admission	Percentage
Duval	90.9%
Baker	0.3%
Clay	3.3%
Nassau	1.5%
St. Johns	1.2%
Other/Unknown	2.5%

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Mental Health Disorders	Count	Percentage
Depressive Disorders	1,293	32.1%
Anxiety Disorders	1,016	25.2%
Post-Traumatic Stress Disorders (PTSD)	572	14.2%
Bipolar Disorders	410	10.2%
Schizophrenia/Schizoaffective Disorders	182	4.5%
Attention-Deficit Hyperactivity Disorder (ADHD)	168	4.2%
Adjustment Disorders	64	1.6%
Personality Disorders	57	1.4%
Sleep Disorders	41	1.0%
Trauma/Stress Disorders	34	0.8%
Obsessive Compulsive Disorders	21	0.5%
Eating Disorders	17	0.4%
Psychotic Disorders	17	0.4%
Phobias	9	0.2%
Autism Spectrum Disorders	4	0.1%
Other Disorders	128	3.2%

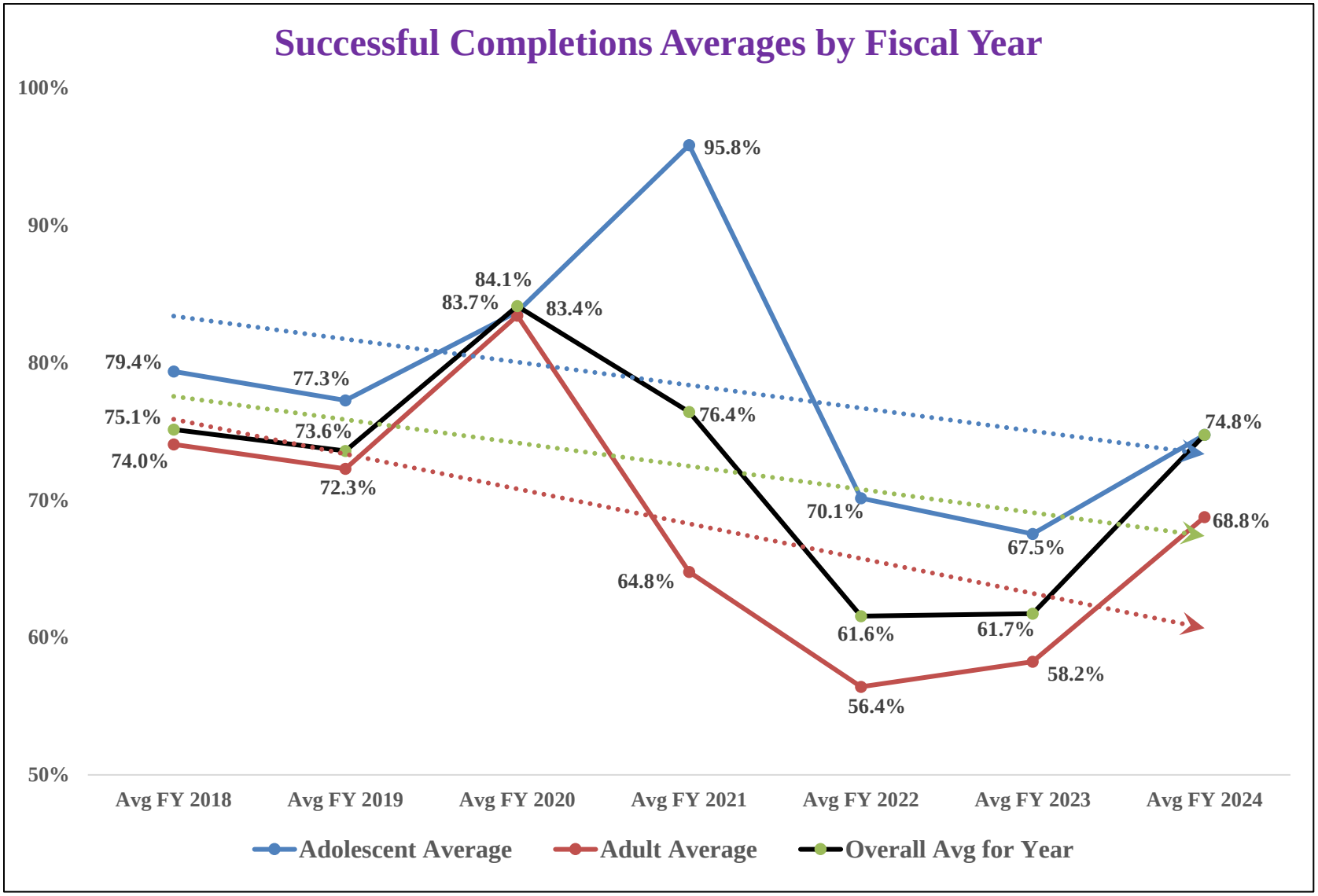
Living Arrangements	Count	Percentage
Independent Living	1,848	55.1%
Dependent Living	641	19.1%
Homeless or in a Shelter	481	14.3%
Supported Housing	115	3.4%
Group Home/ALF	23	0.7%
DJJ or Foster Care	40	1.2%
Other/Unknown	208	6.2%

Bed Days by Program	FY 2023	FY 2024
Adolescent Residential	4,486	5,001
Adult Stabilization & Detox	6,309	6,864
Adult MH Residential	270	61
Adult Residential	19,885	21,109
Alumni House	16,216	16,233
Alumni House Edgewood	1,826	1,425
Fellowship House	1,820	1,830
Independence Village	17,905	19,321
Room and Board with Supervision (RBS)	5,986	5,603
Supported Housing	2,076	3,306
Transitional Recovery Housing (TRH)	5,334	4,978
Total	82,113	85,731

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	Avg FY 2024	Overall Avg	Target
Adolescent Intervention	82.0%	98.9%	95.9%	95.8%	84.4%	84.9%	93.6%	90.4%	> 55.0%
Adolescent Outpatient	67.5%	70.8%	94.5%	94.5%	77.3%	78.2%	95.2%	80.1%	
Adolescent Residential	95.6%	95.5%	100.0%	97.2%	48.7%	39.5%	65.4%	80.4%	
Adult Detox	72.4%	44.0%	44.4%	56.6%	55.9%	60.9%	74.2%	55.7%	
Adult Intervention	59.5%	70.2%	68.8%	59.8%	69.8%	66.7%	86.7%	66.3%	
Adult Outpatient	74.4%	70.3%	90.6%	85.5%	46.1%	39.4%	68.5%	67.1%	
Adult Residential	74.6%	65.6%	78.7%	61.9%	48.8%	49.2%	41.7%	63.2%	
Problem-Solving Courts	NA	NA	100.0%	60.2%	61.5%	75.0%	72.7%	69.8%	
Adolescent Average	79.4%	77.3%	83.7%	95.8%	70.1%	67.5%	74.8%	79.2%	
Adult Average	74.0%	72.3%	83.4%	70.6%	56.4%	58.2%	68.8%	69.8%	
Overall Avg for Year	75.0%	75.9%	85.1%	79.0%	61.6%	61.7%	74.8%	73.9%	


Successful Completions Averages by Fiscal Year
100%
90%
80%
70%
60%
50%
79.4%
77.3%
95.8%
67.5%
74.8%
75.1%
73.6%
76.4%
74.0%
72.3%
84.1%
83.7%
83.4%
70.1%
64.8%
68.8%
61.6%
61.7%
58.2%
56.4%
Avg FY 2018
Avg FY 2019
Avg FY 2020
Avg FY 2021
Avg FY 2022
Avg FY 2023
Avg FY 2024
Adolescent Average
Adult Average
Overall Avg for Year

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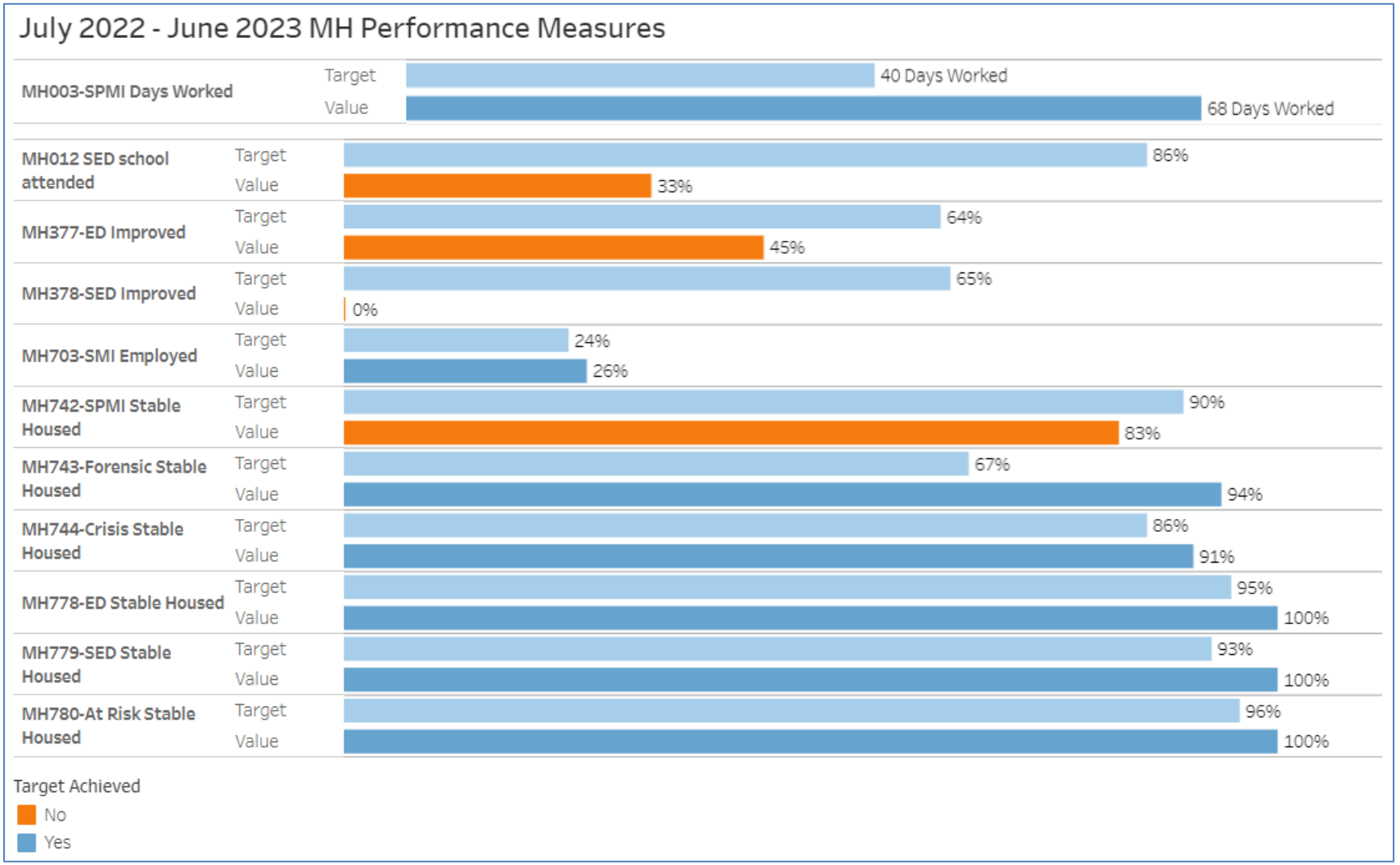
PRIOR FISCAL YEAR PERFORMANCE



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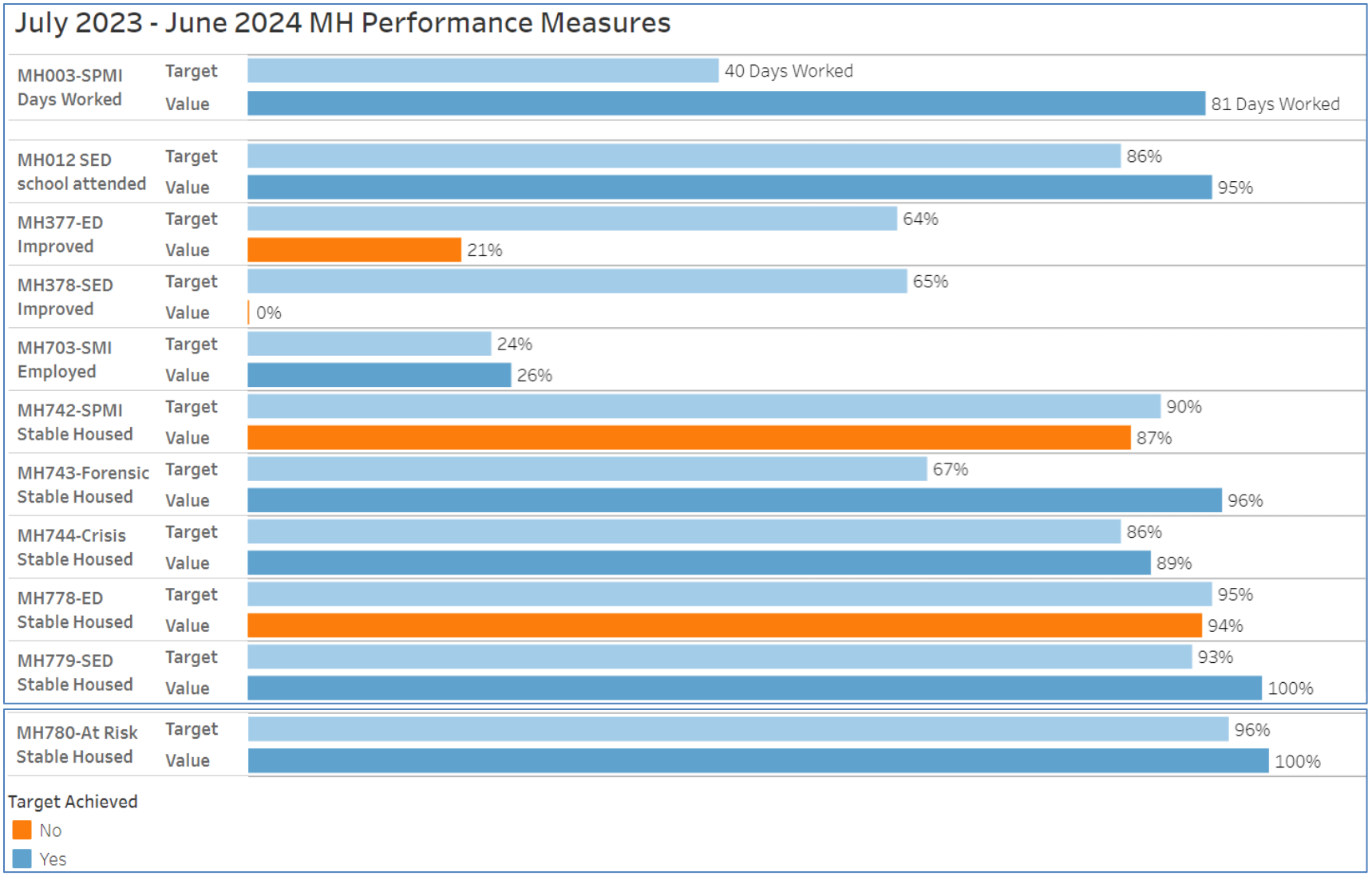

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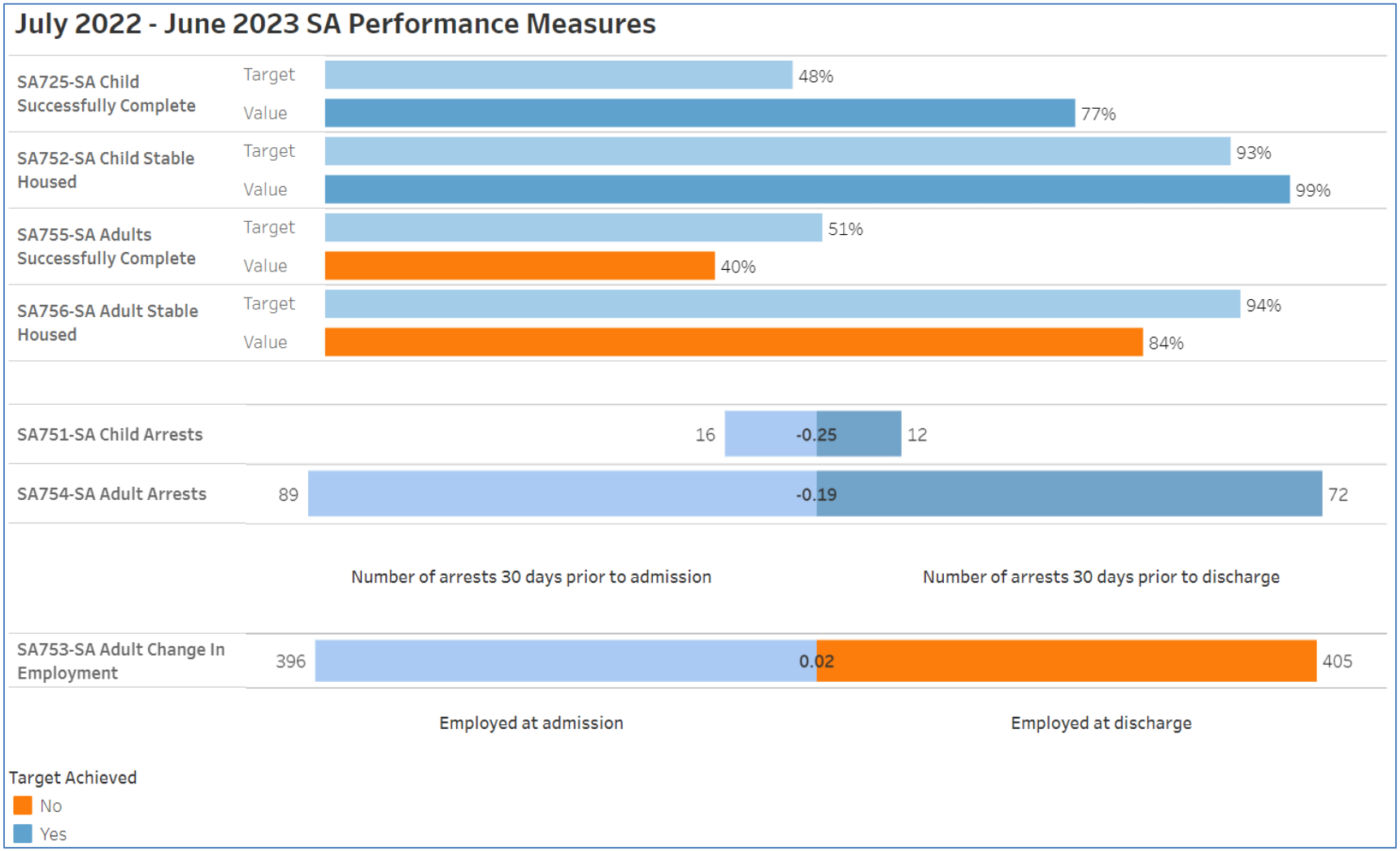
PRIOR FISCAL YEAR PERFORMANCE



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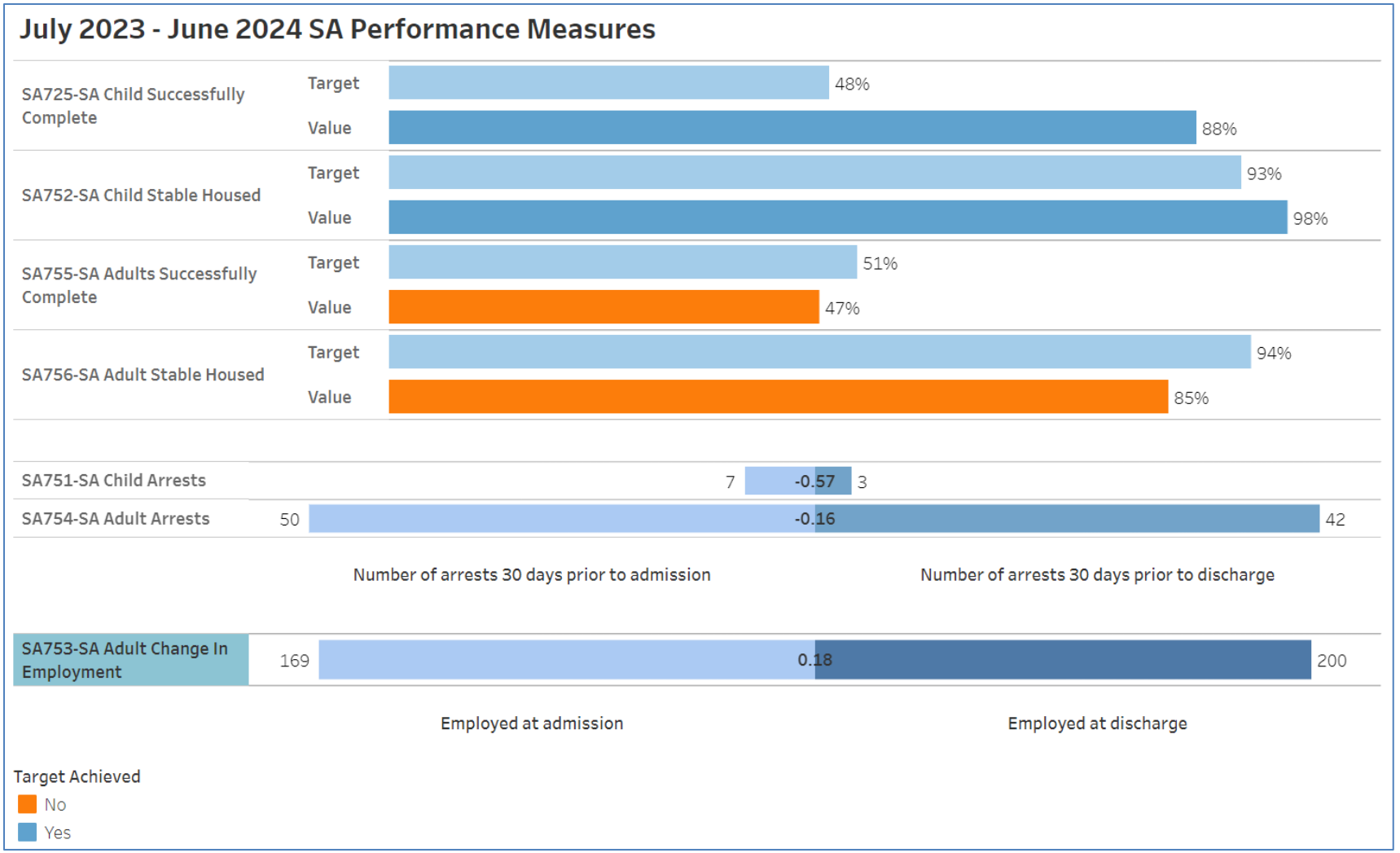

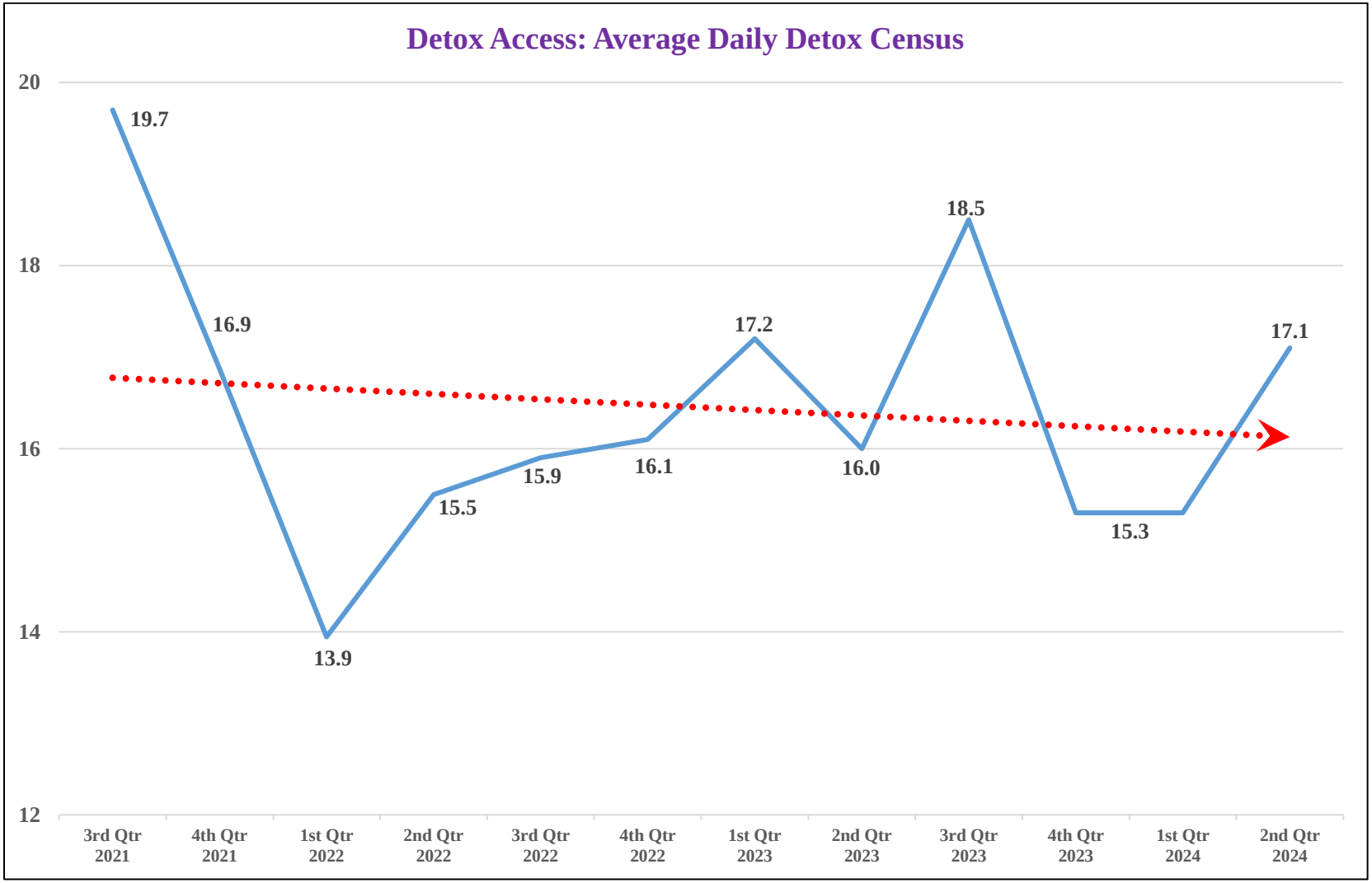
Detox Access: Average Daily Detox Census
20
18
16
14
12
19.7
16.9
13.9
15.5
15.9
16.1
17.2
16.0
18.5
15.3
17.1
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024

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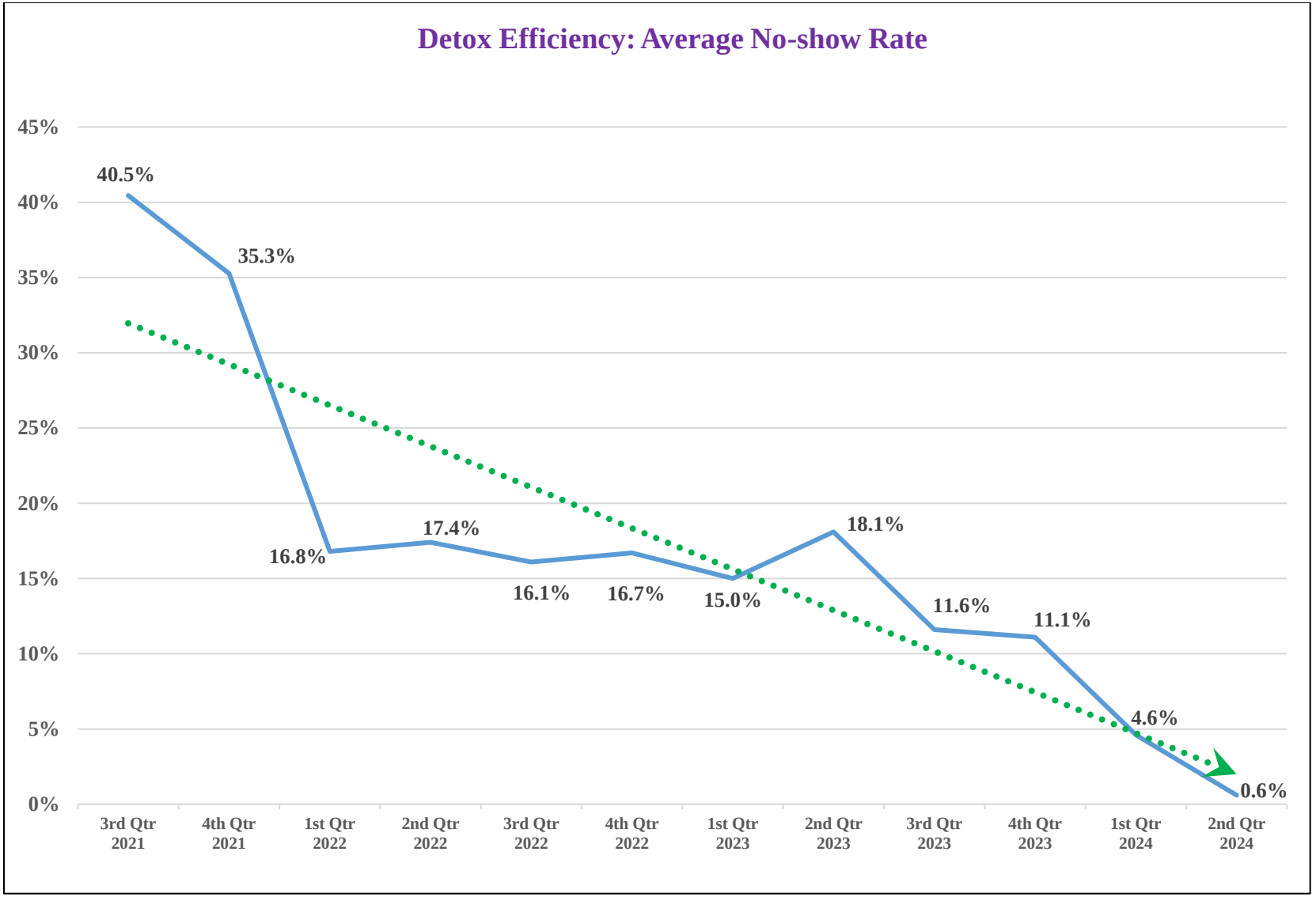

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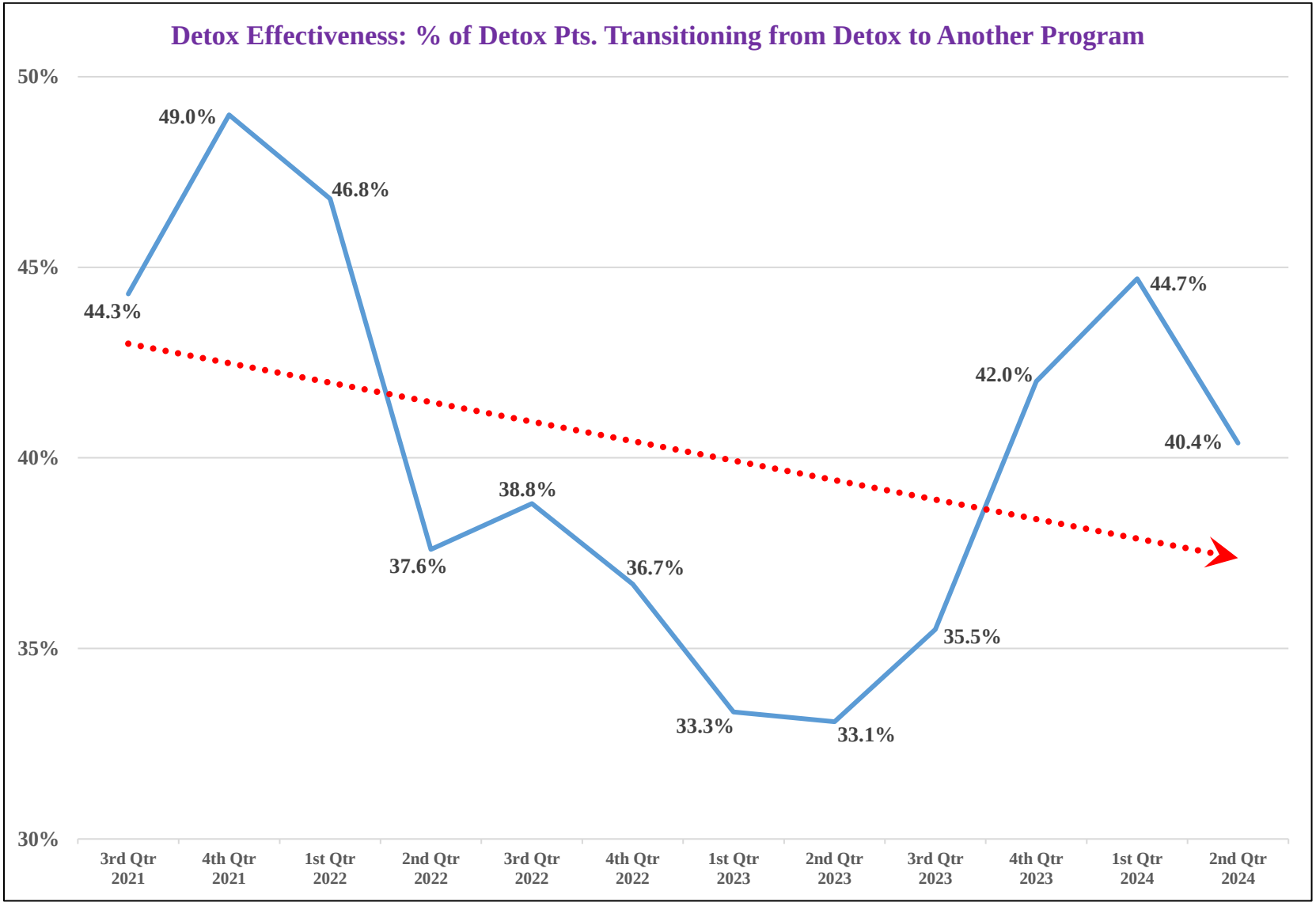

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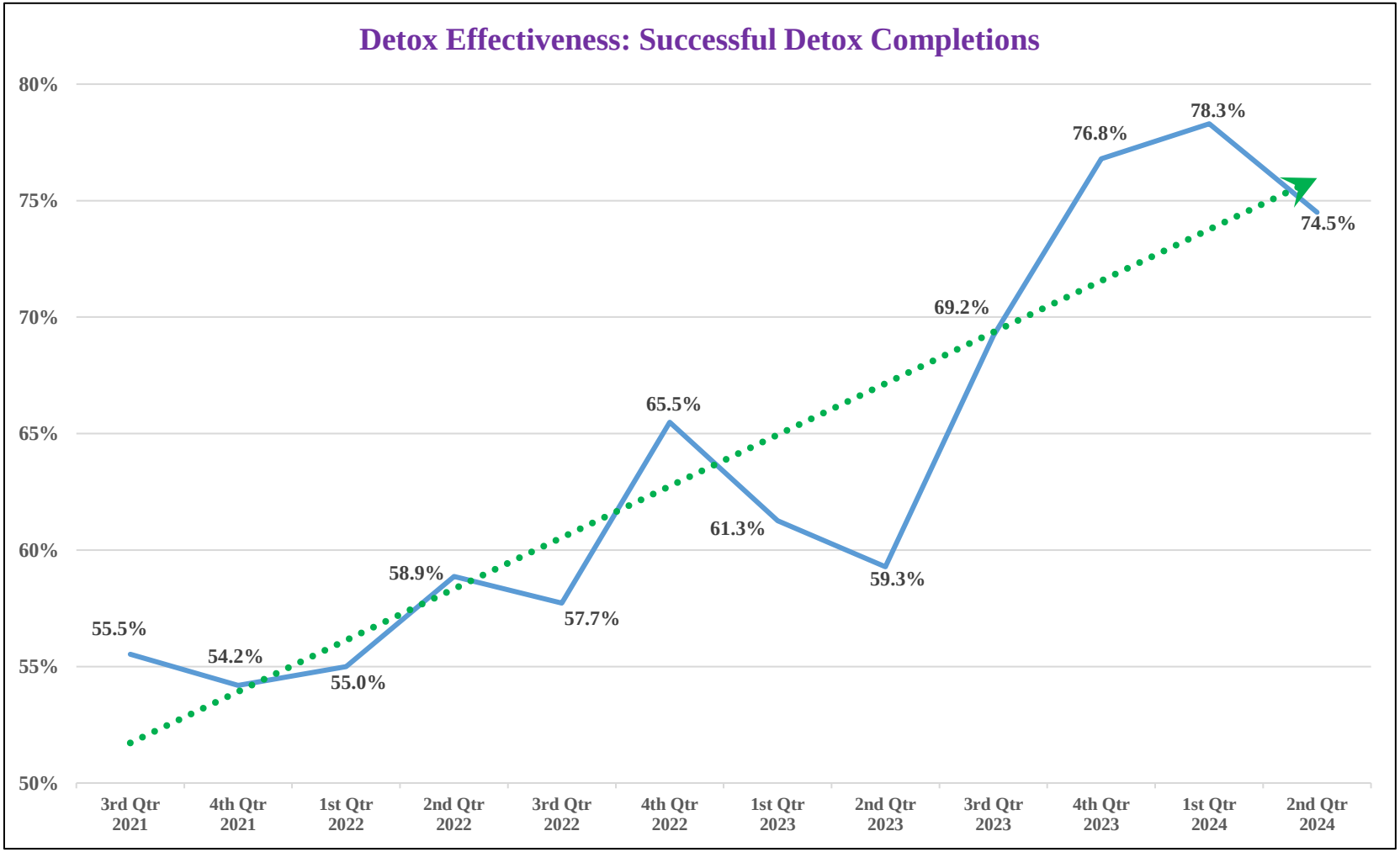

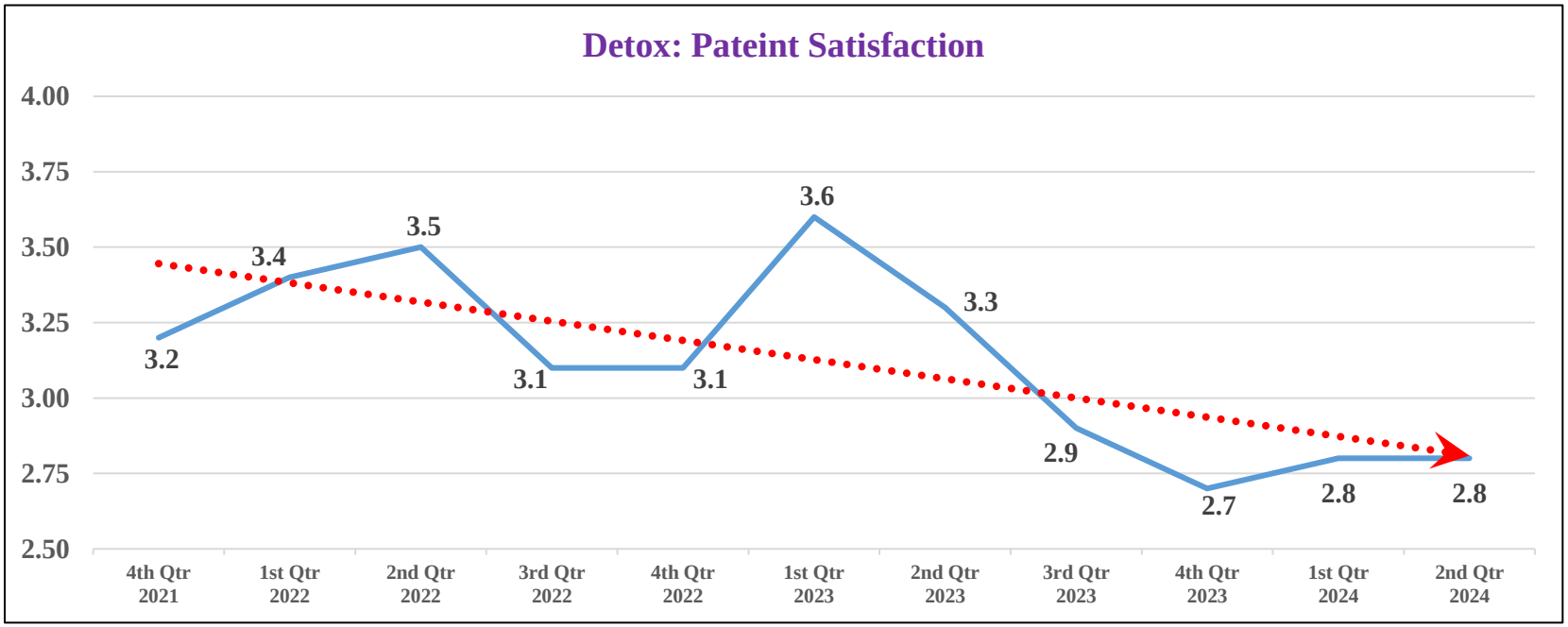

Detox - Overall Employee Satisfaction

2022	2023	2024	Average	Target
64.8%	42.3%	65.7%	57.6%	> 75%

Detox - Overall Key Stakeholder Satisfaction

2022	2023	2024	Average	Target
69.0%	100.0%	33.3%	67.4%	> 75%

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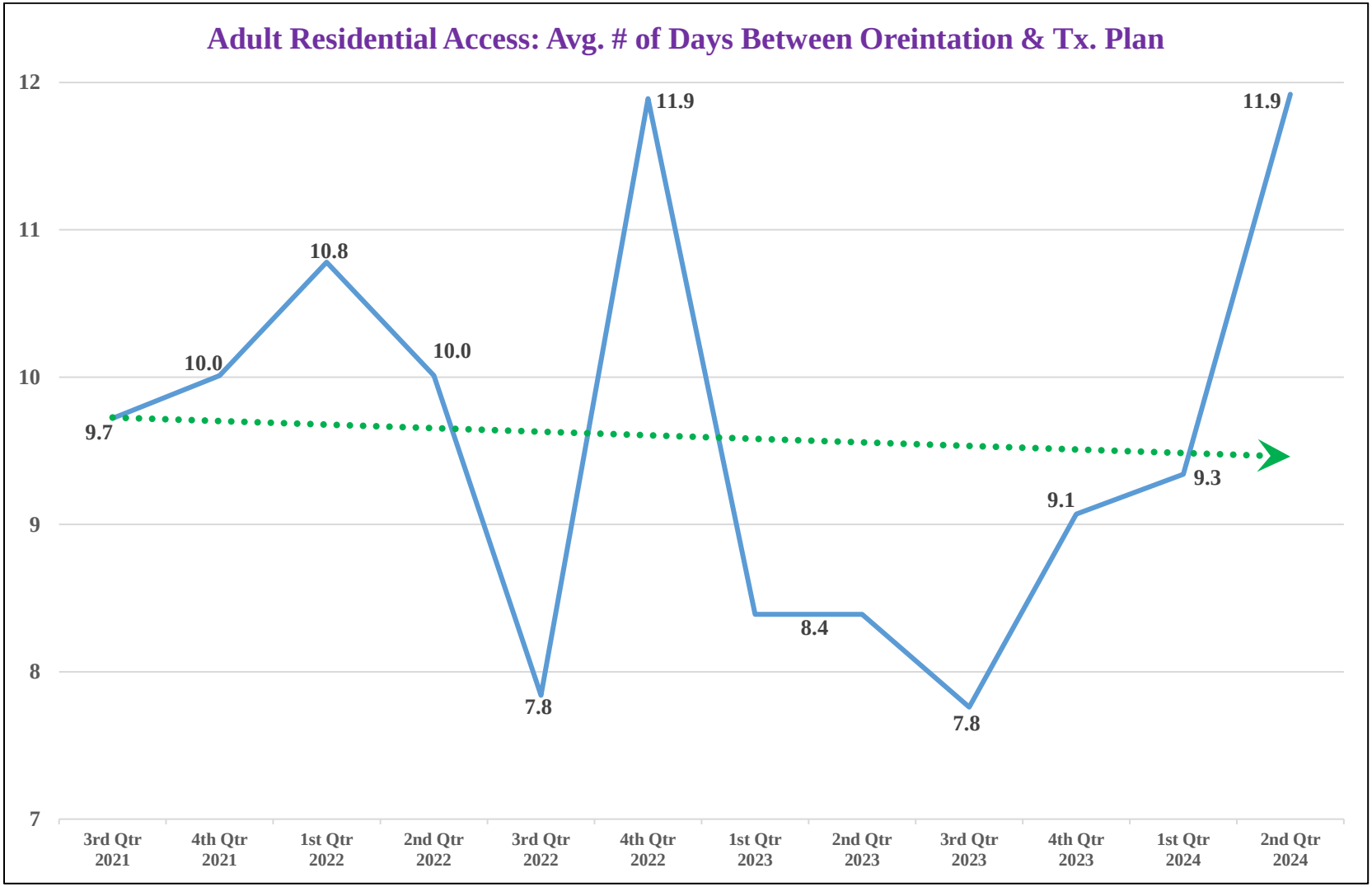

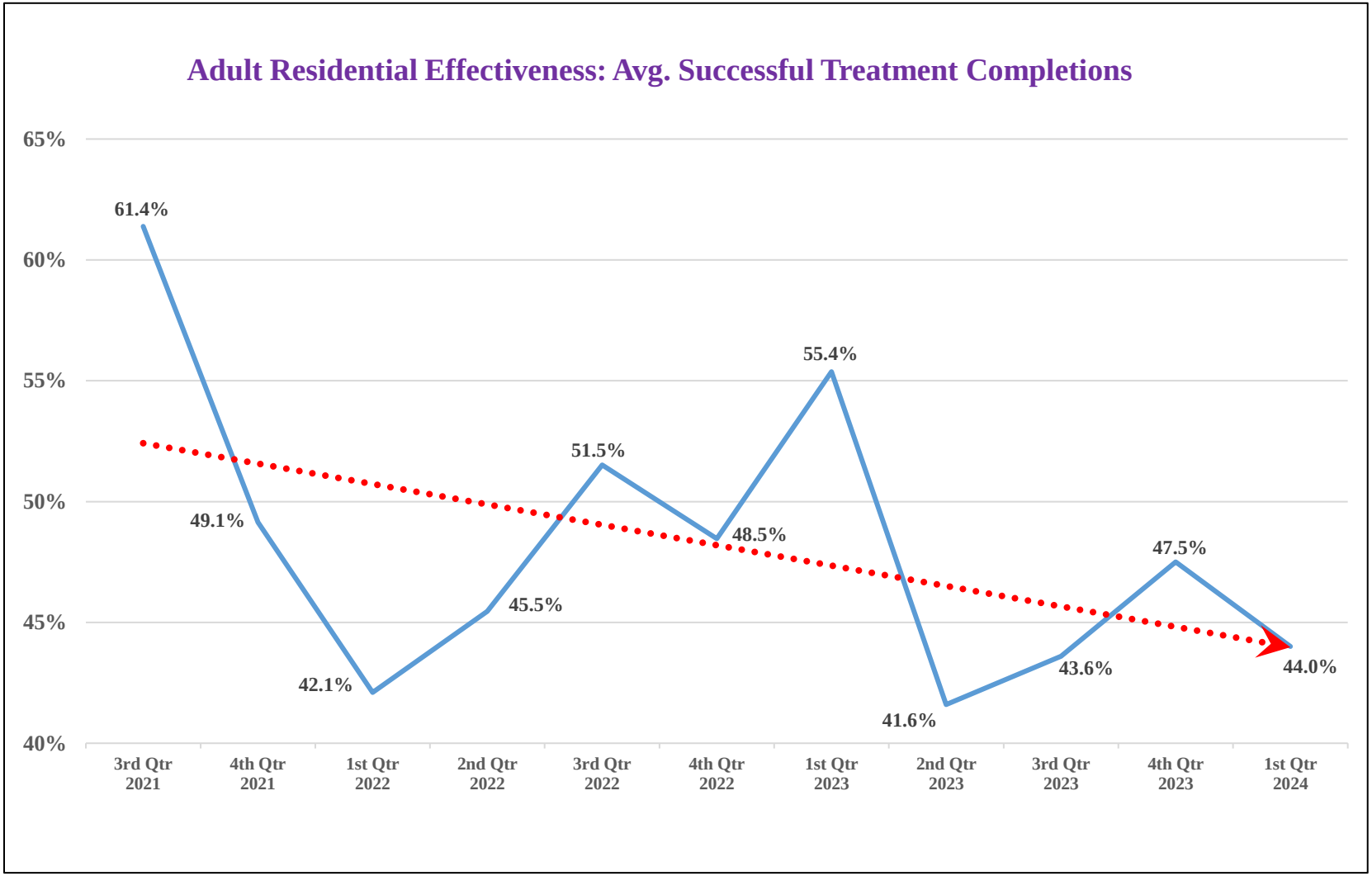
Adult Residential Effectiveness: Avg. Successful Treatment Completions
65%
60%
55%
50%
45%
40%
61.4%
49.1%
42.1%
45.5%
51.5%
48.5%
55.4%
41.6%
43.6%
47.5%
44.0%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024

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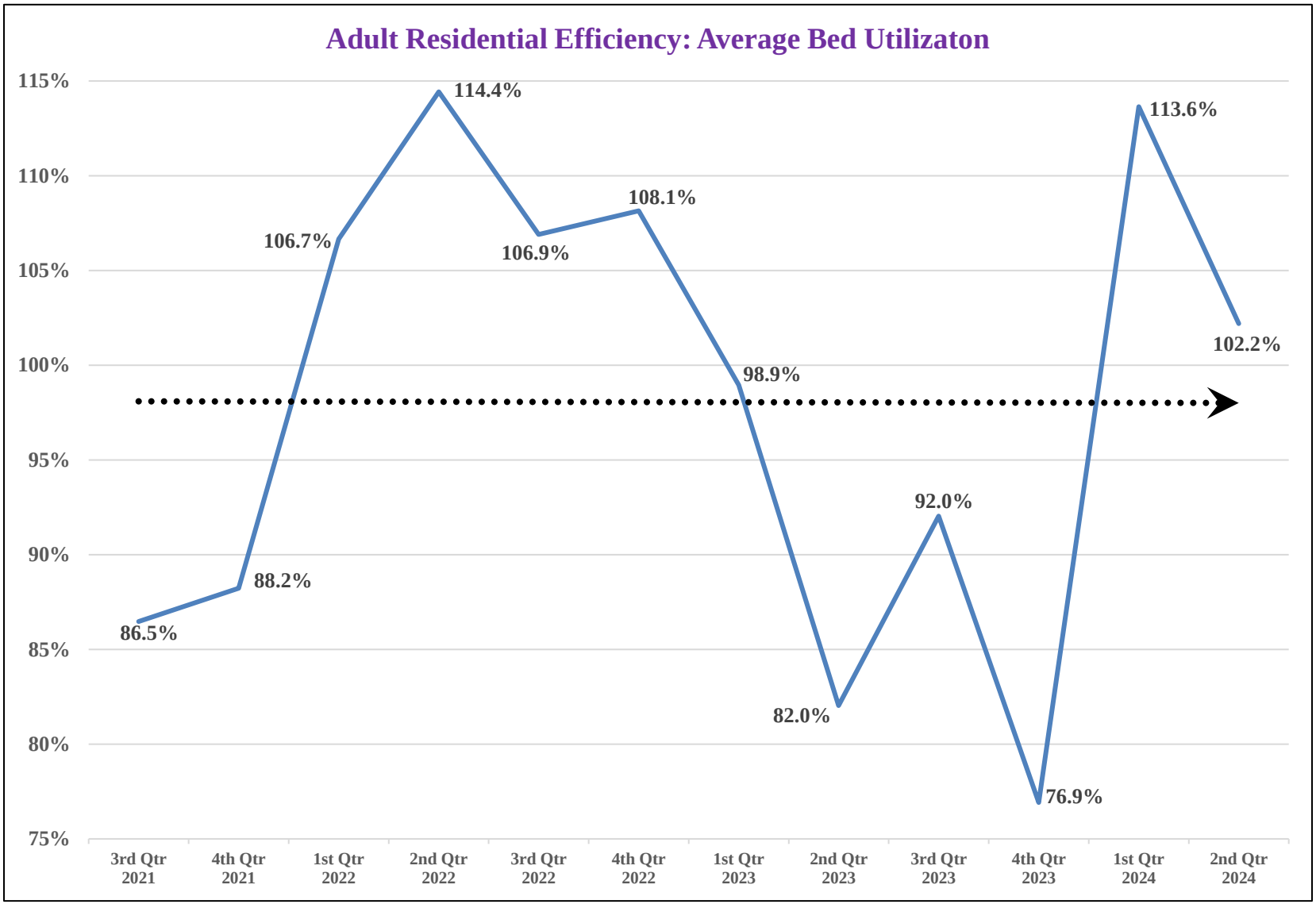

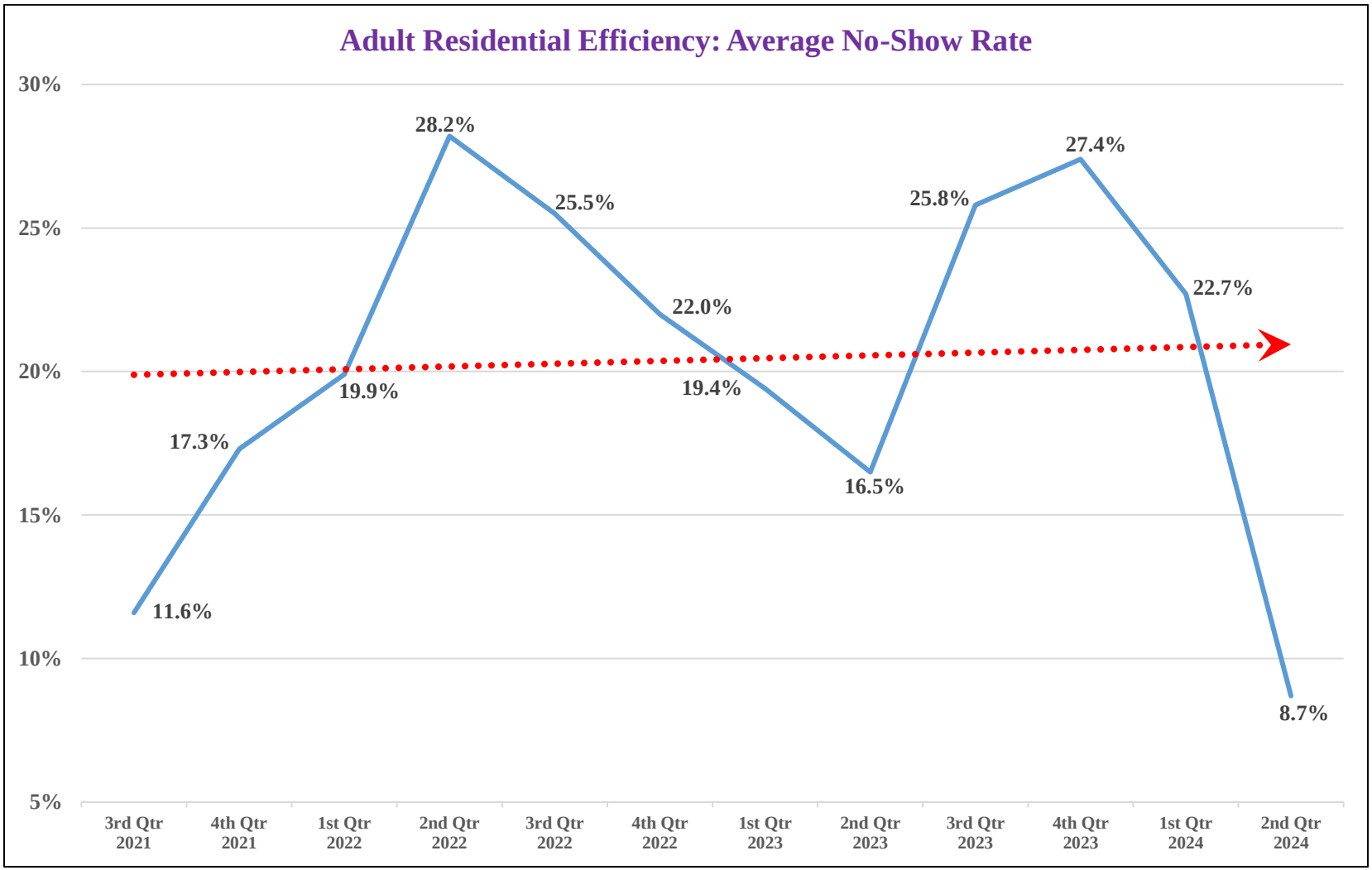
Adult Residential Efficiency: Average No-Show Rate
30%
25%
20%
15%
10%
5%
11.6%
17.3%
19.9%
28.2%
25.5%
22.0%
19.4%
16.5%
25.8%
27.4%
22.7%
8.7%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024

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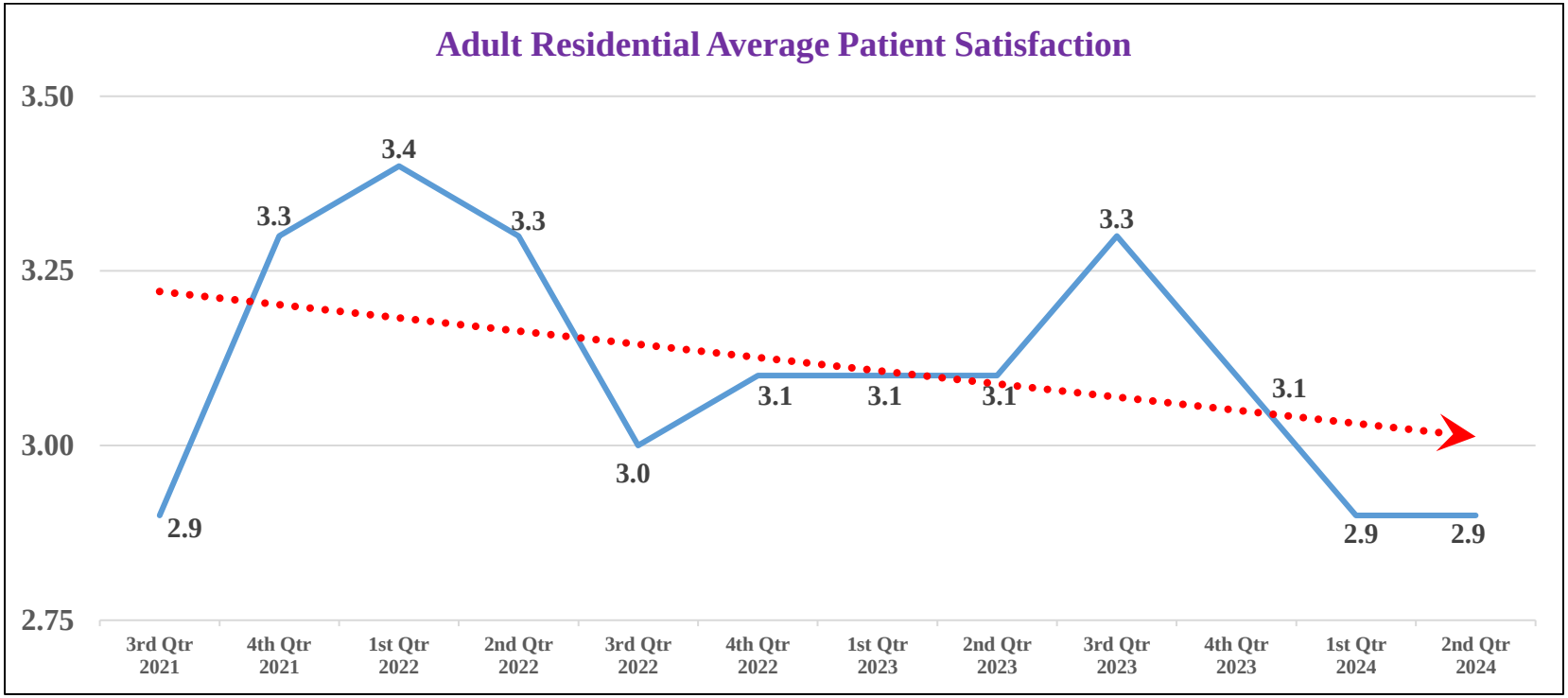
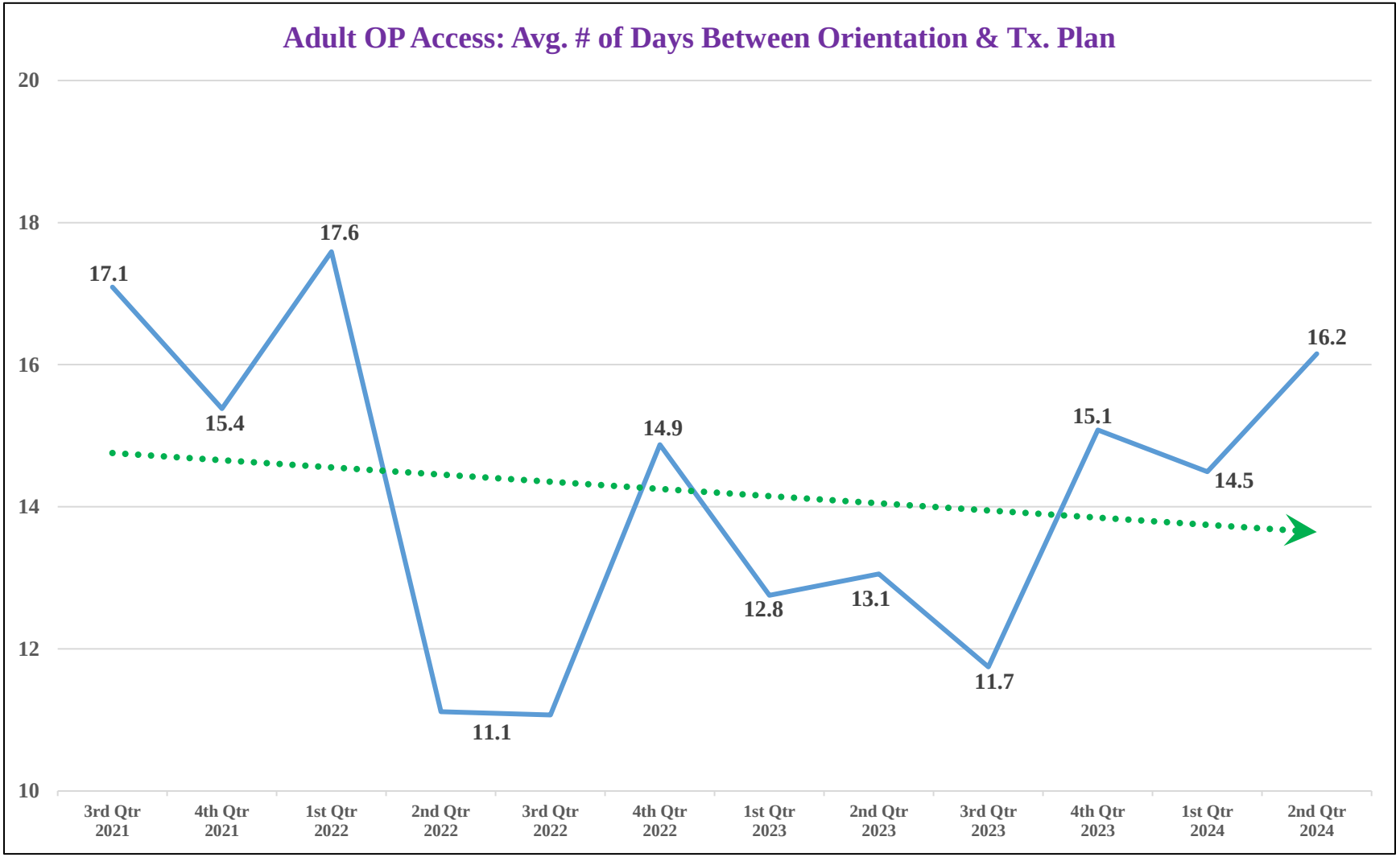


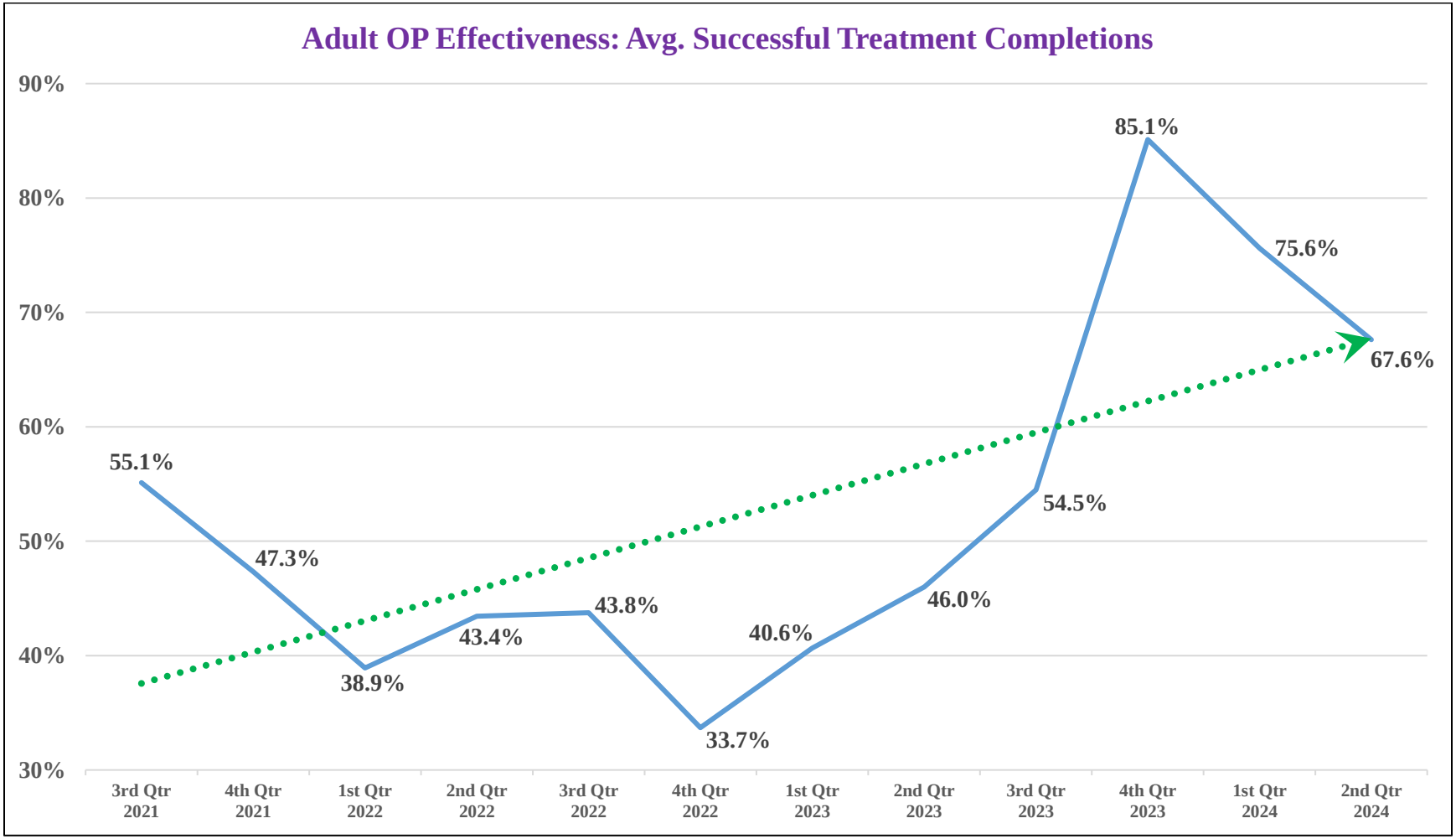
Adult Residential - Overall Employee Satisfaction

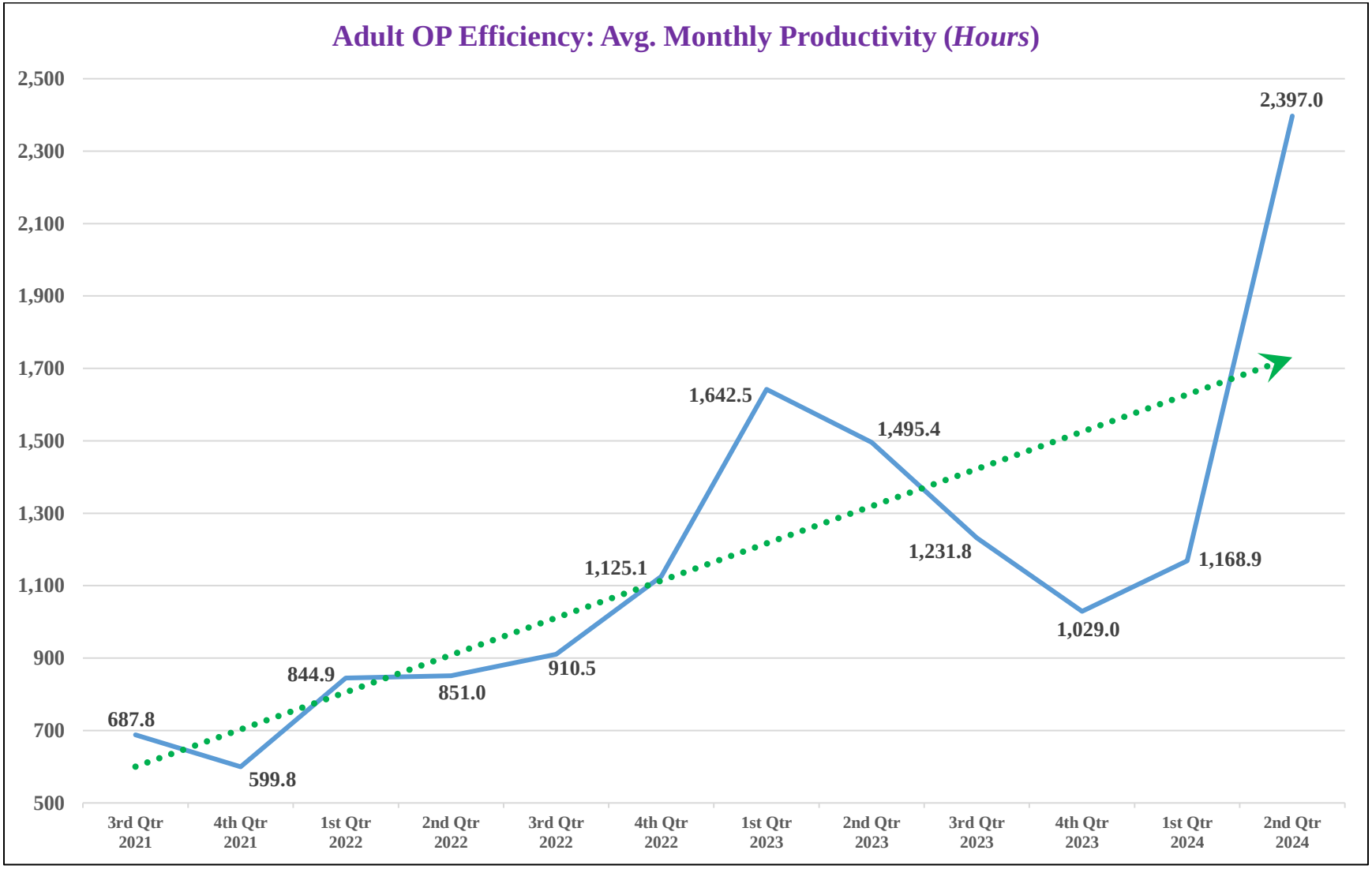
2022	2023	2024	Average	Target
63.1%	77.6%	61.3%	67.3%	> 75%

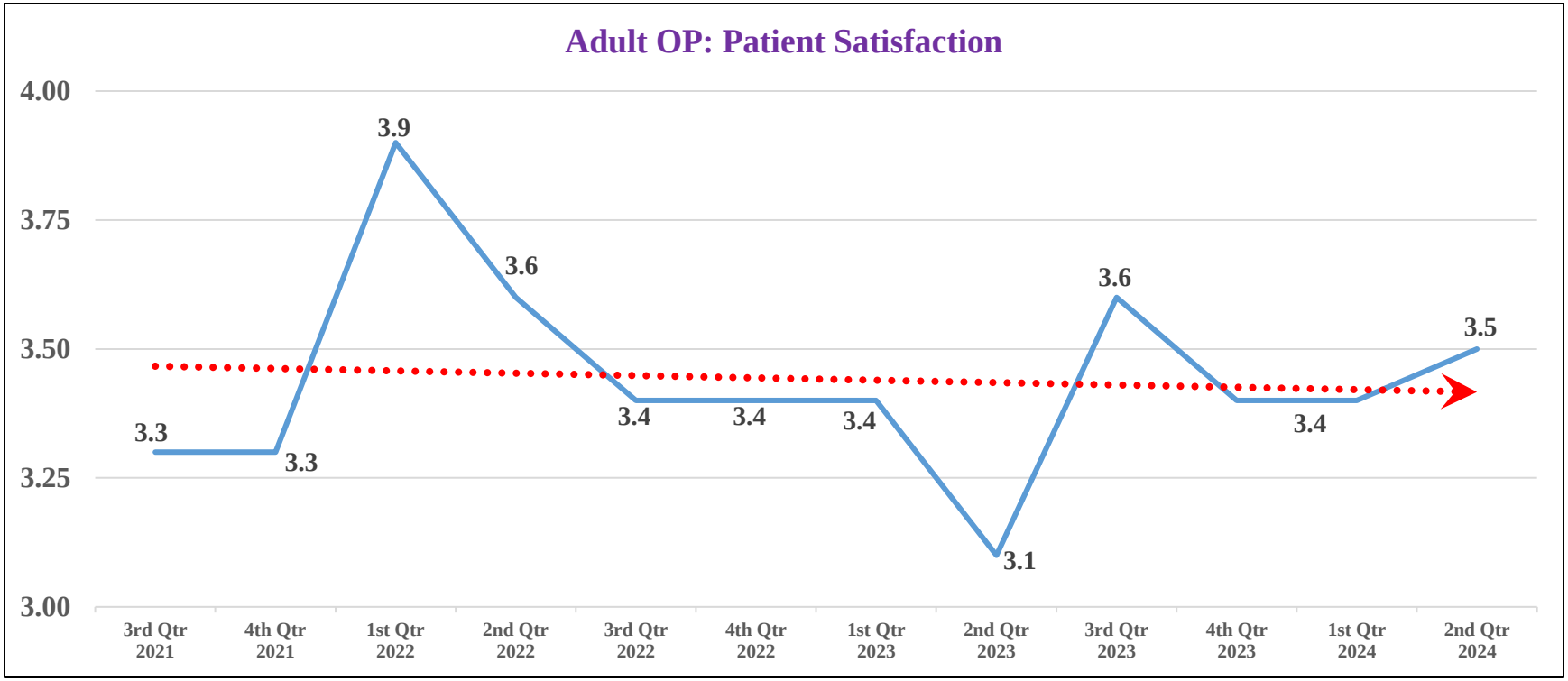
Adult Residential - Overall Key Stakeholder Satisfaction

2022	2023	2024	Average	Target
86.1%	75.0%	100.0%	87.0%	> 75%


Adult OP Access: Avg. # of Days Between Orientation & Tx. Plan
20
18
16
14
12
10
17.1
15.4
17.6
11.1
14.9
12.8
13.1
11.7
15.1
14.5
16.2
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024


Adult OP Effectiveness: Avg. Successful Treatment Completions
90%
80%
70%
60%
50%
40%
30%
55.1%
47.3%
38.9%
43.4%
43.8%
33.7%
40.6%
46.0%
54.5%
85.1%
75.6%
67.6%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024


Adult OP Efficiency: Avg. Monthly Productivity (*Hours*)
2,500
2,300
2,100
1,900
1,700
1,500
1,300
1,100
900
700
500
687.8
599.8
844.9
851.0
910.5
1,125.1
1,642.5
1,495.4
1,231.8
1,029.0
1,168.9
2,397.0
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024



Adult Outpatient - Overall Employee Satisfaction

2022	2023	2024	Average	Target
64.0%	79.1%	70.8%	71.3%	> 75%

Adult Outpatient - Overall Key Stakeholder Satisfaction

2022	2023	2024	Average	Target
87.5%	87.5%	58.3%	77.8%	> 75%

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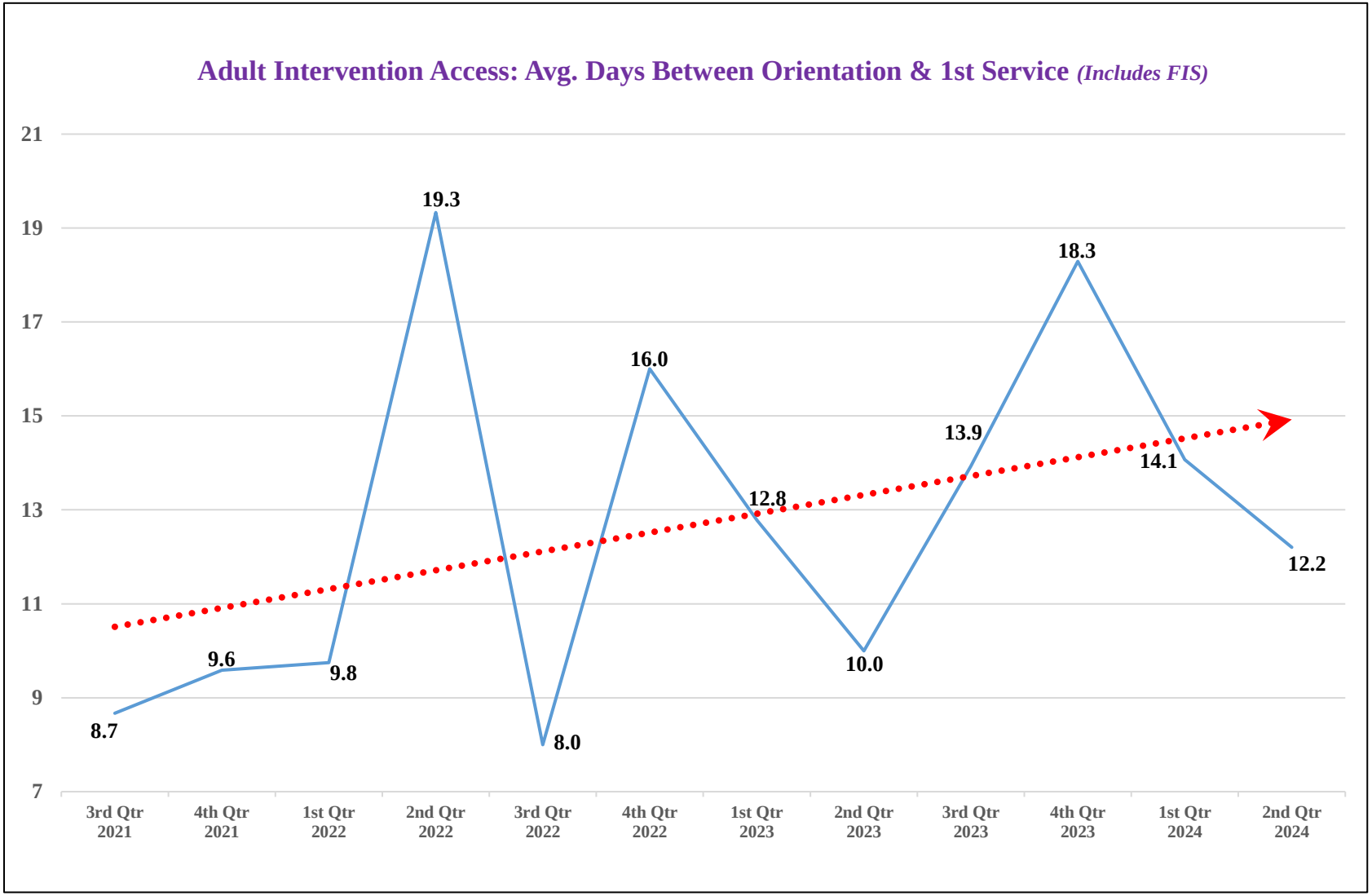

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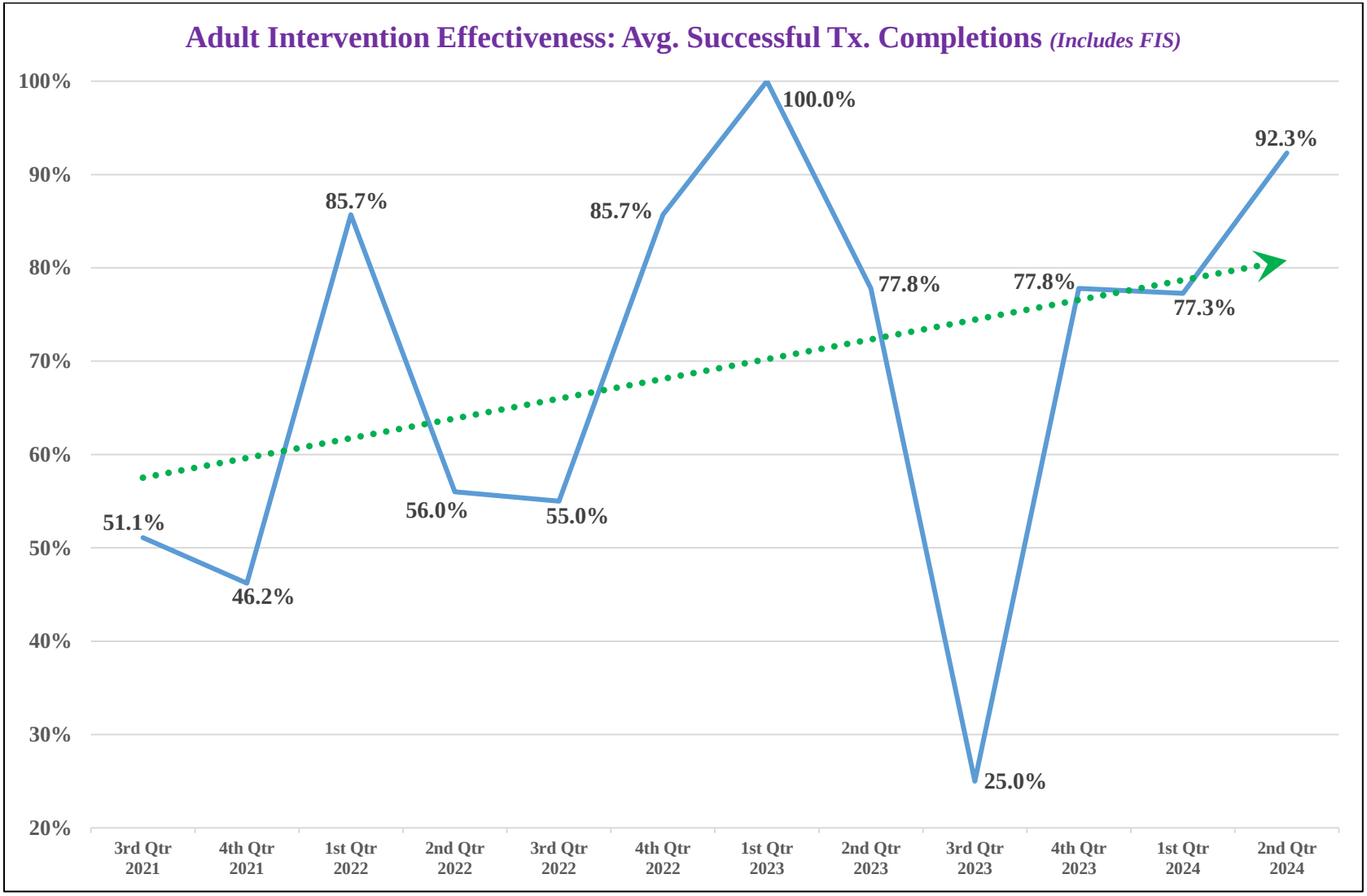
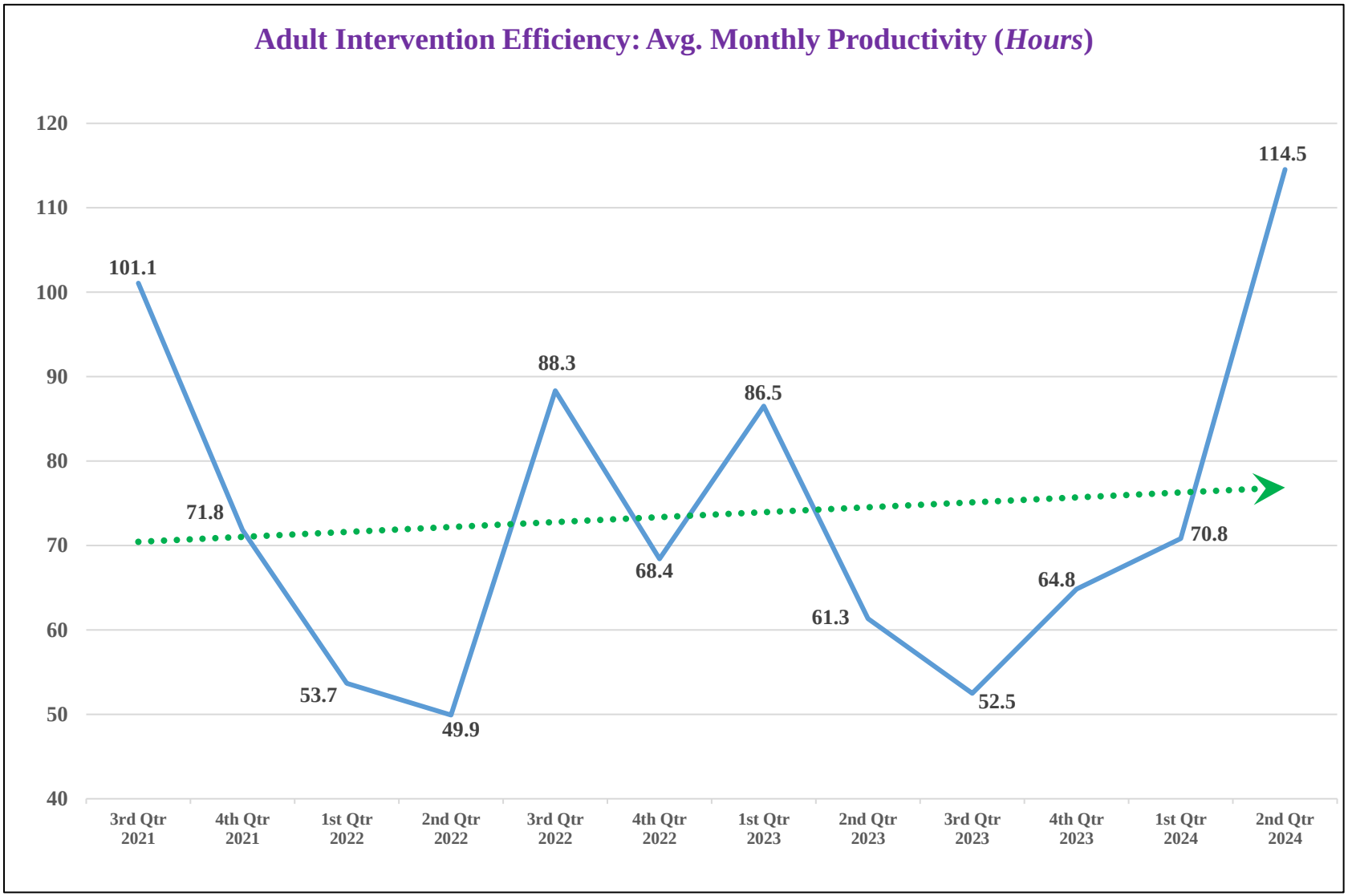
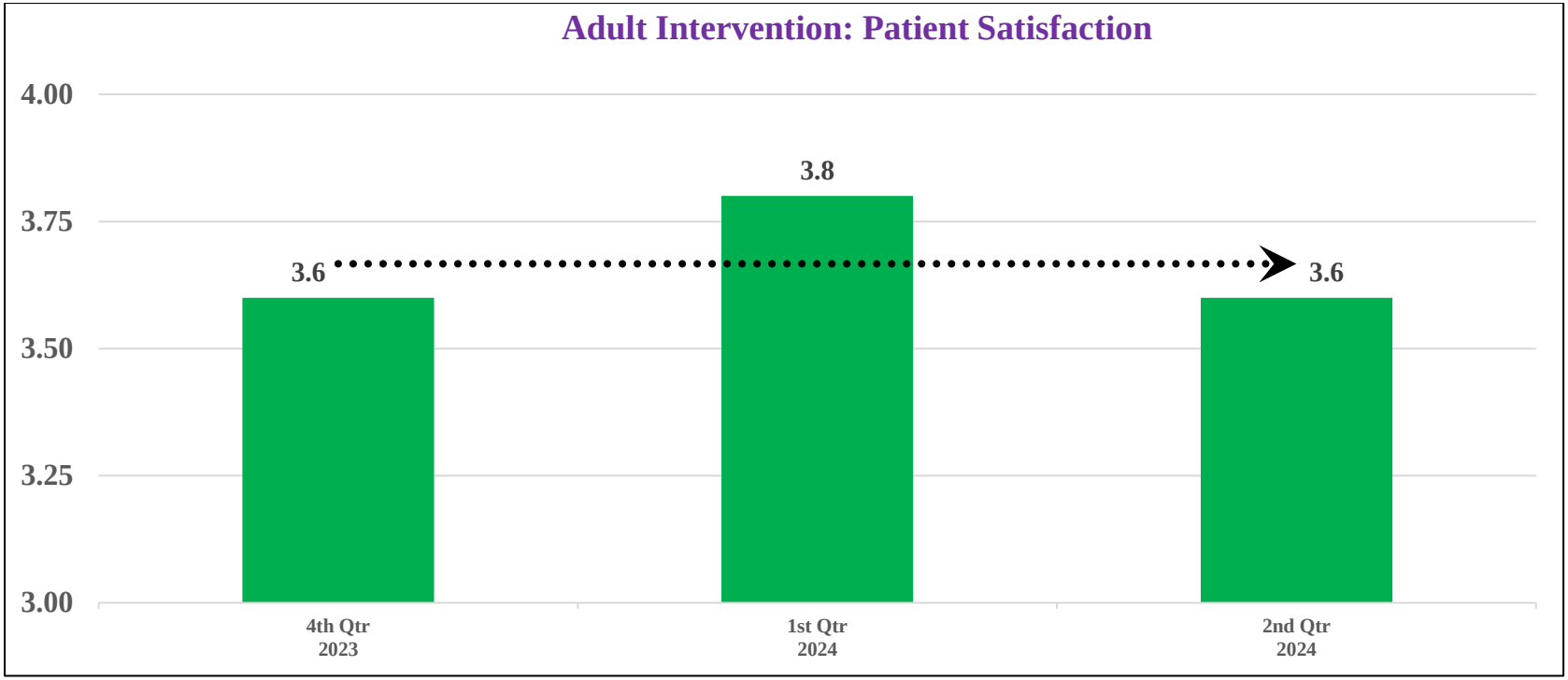



Adult Intervention Efficiency: Avg. Monthly Productivity (*Hours*)
120
110
100
90
80
70
60
50
40
101.1
71.8
53.7
49.9
88.3
68.4
86.5
61.3
52.5
64.8
70.8
114.5
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024

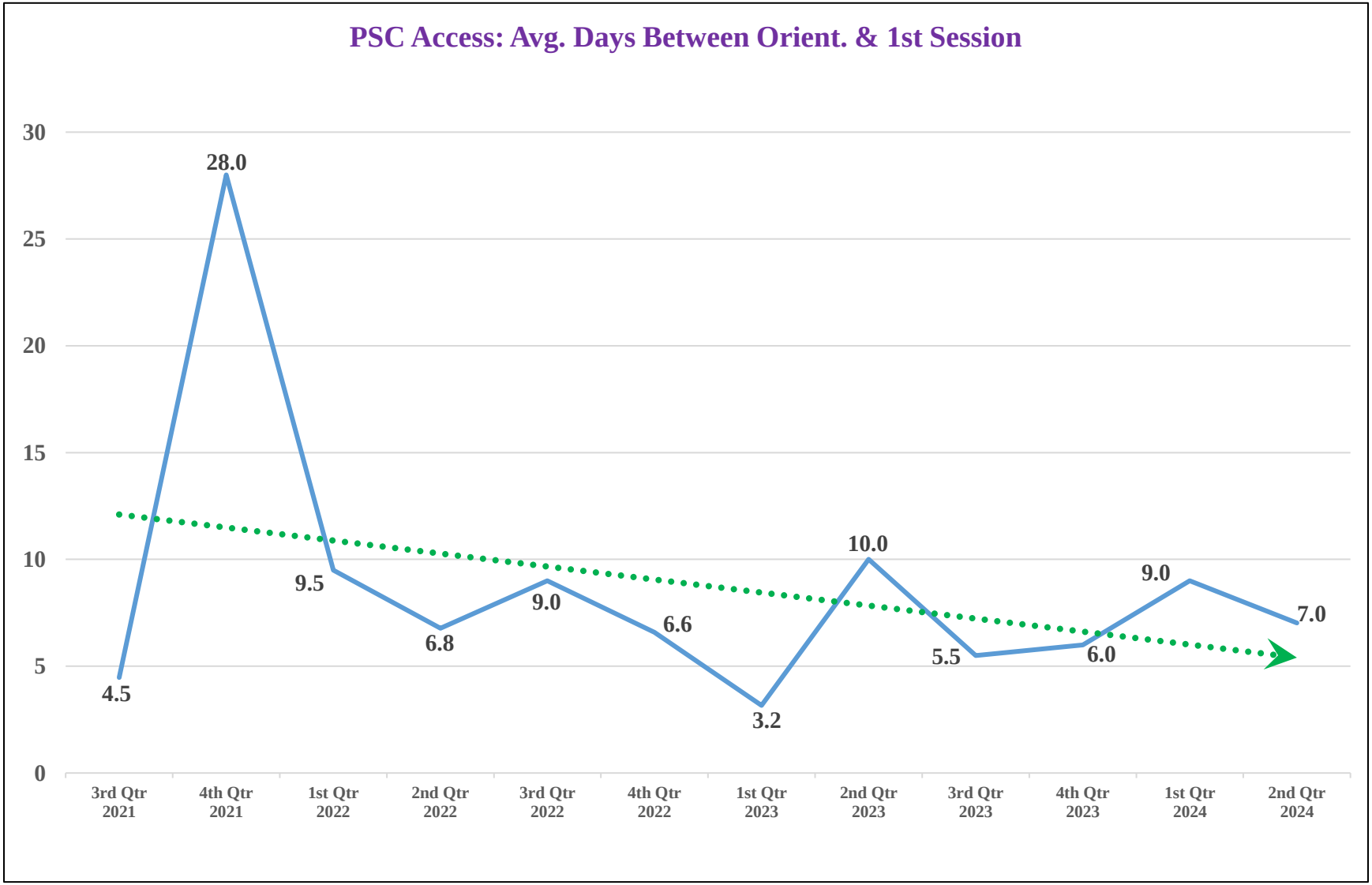


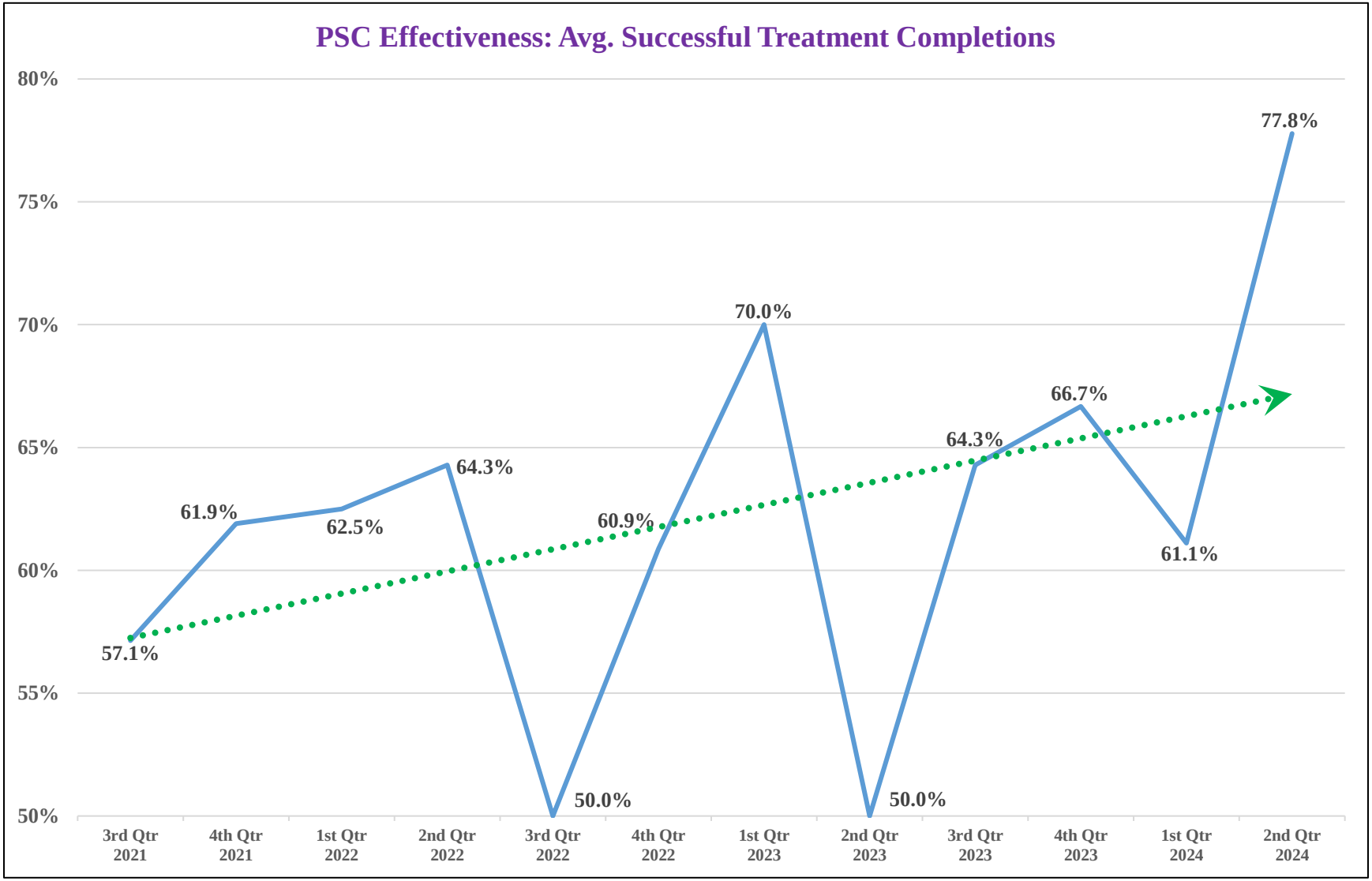
Adult Intervention - Overall Employee Satisfaction

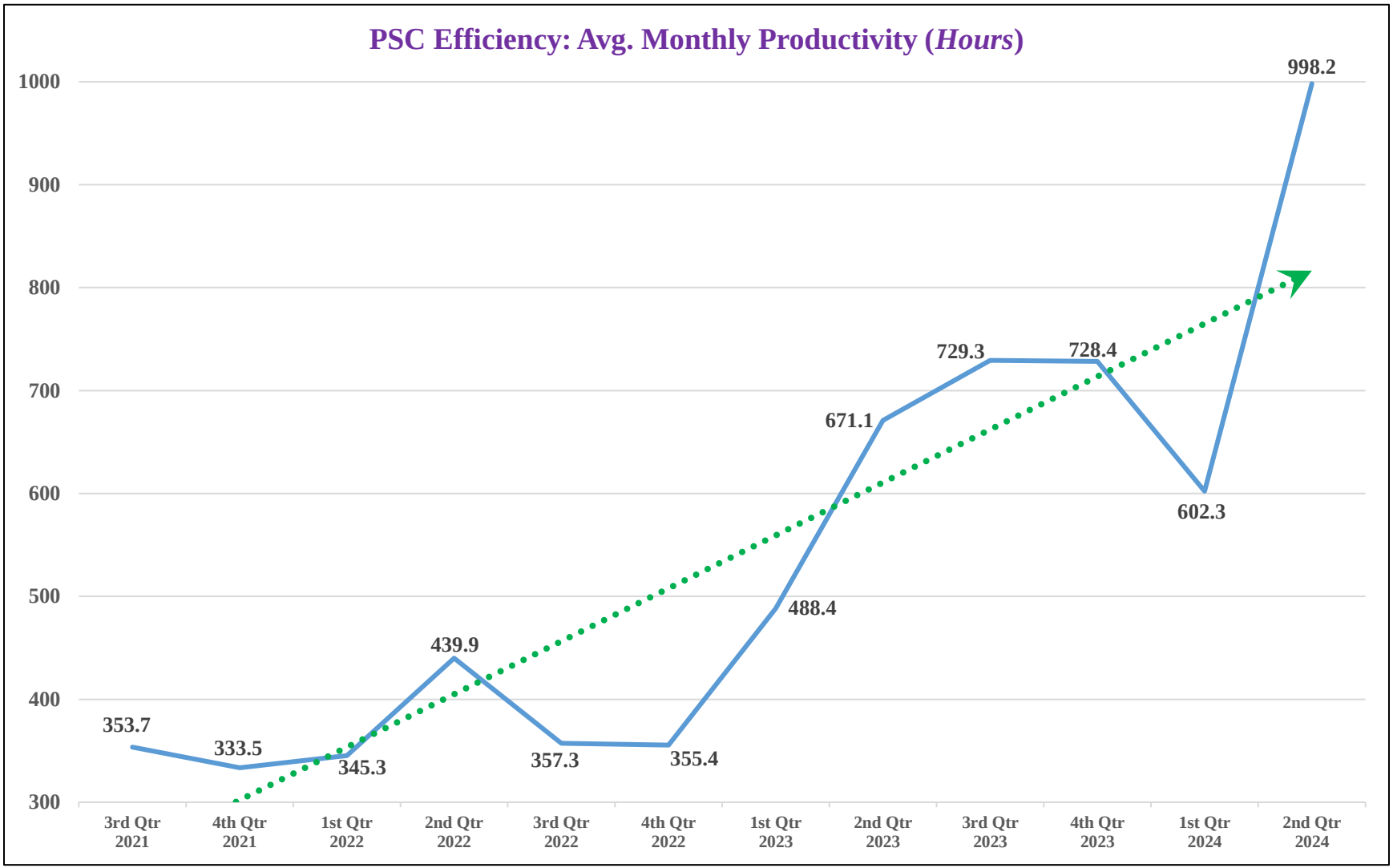
2022	2023	2024	Average	Target
68.1%	73.7%	75.7%	72.5%	> 75%

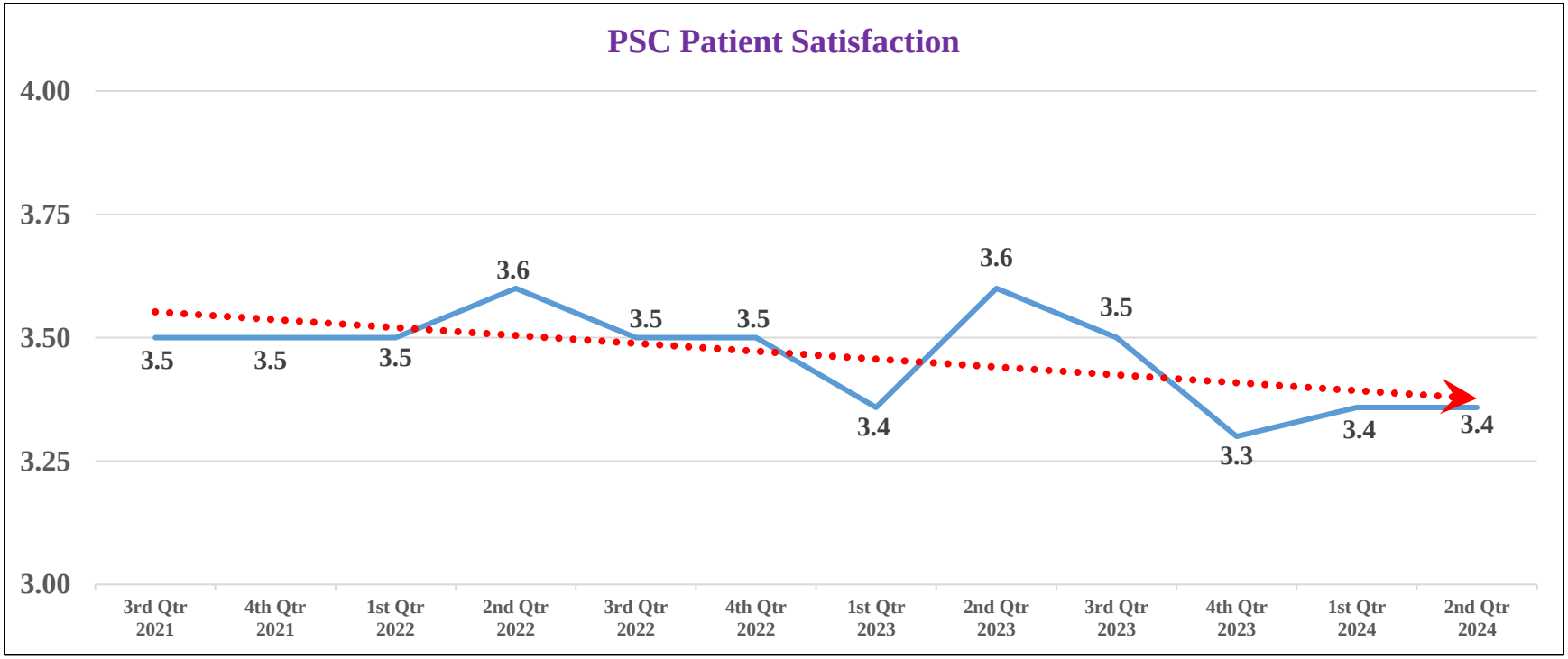
Adult Intervention - Overall Key Stakeholder Satisfaction

2022	2023	2024	Average	Target
79.2%	100.0%	90.0%	89.7%	> 75%


PSC Access: Avg. Days Between Orient. & 1st Session
30
25
20
15
10
5
0
4.5
28.0
9.5
6.8
9.0
6.6
3.2
10.0
5.5
6.0
9.0
7.0
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024


PSC Effectiveness: Avg. Successful Treatment Completions
80%
75%
70%
65%
60%
55%
50%
57.1%
61.9%
62.5%
64.3%
50.0%
60.9%
70.0%
50.0%
64.3%
66.7%
61.1%
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
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024


PSC Efficiency: Avg. Monthly Productivity (*Hours*)
1000
900
800
700
600
500
400
300
353.7
333.5
345.3
439.9
357.3
355.4
488.4
671.1
729.3
728.4
602.3
998.2
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024

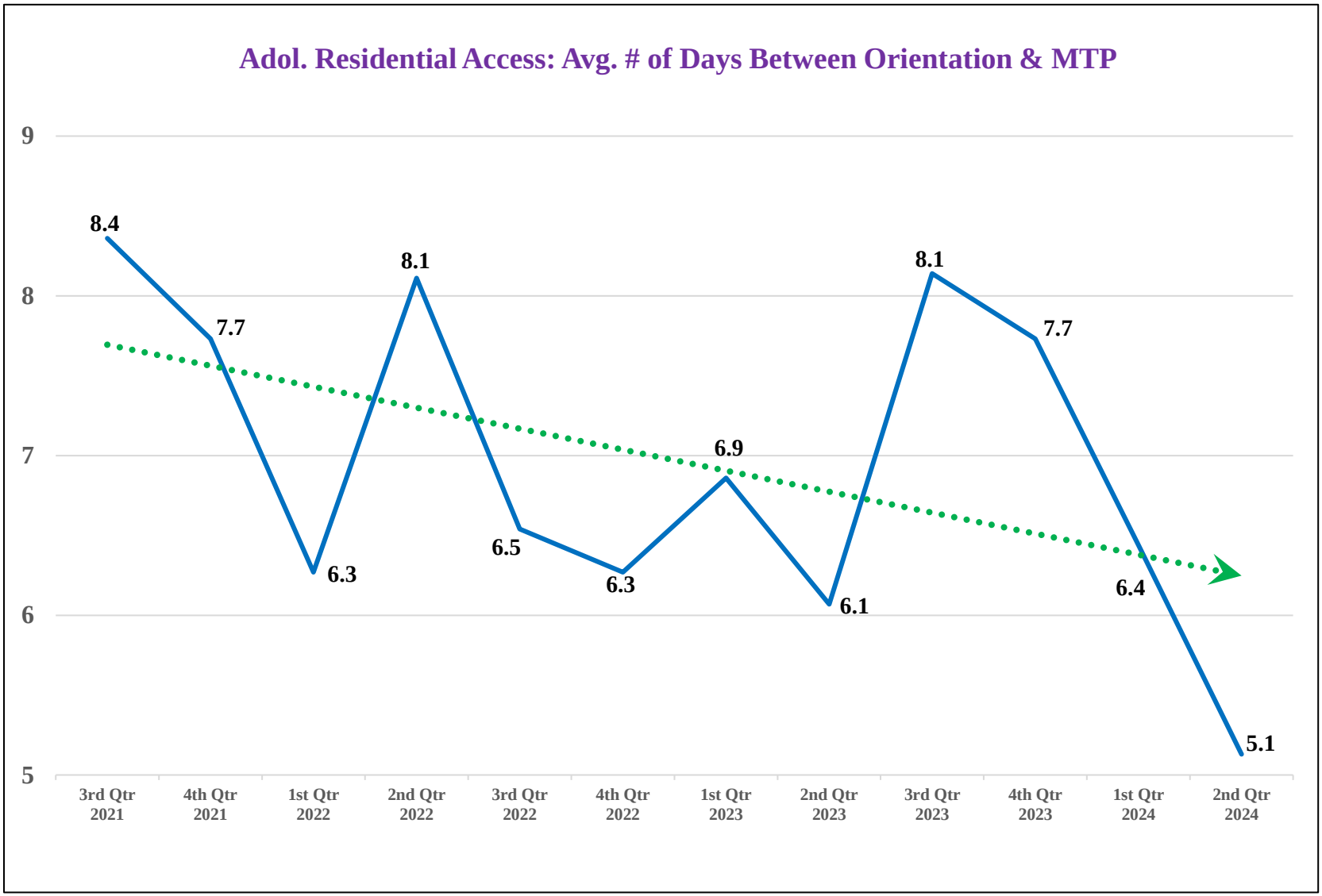


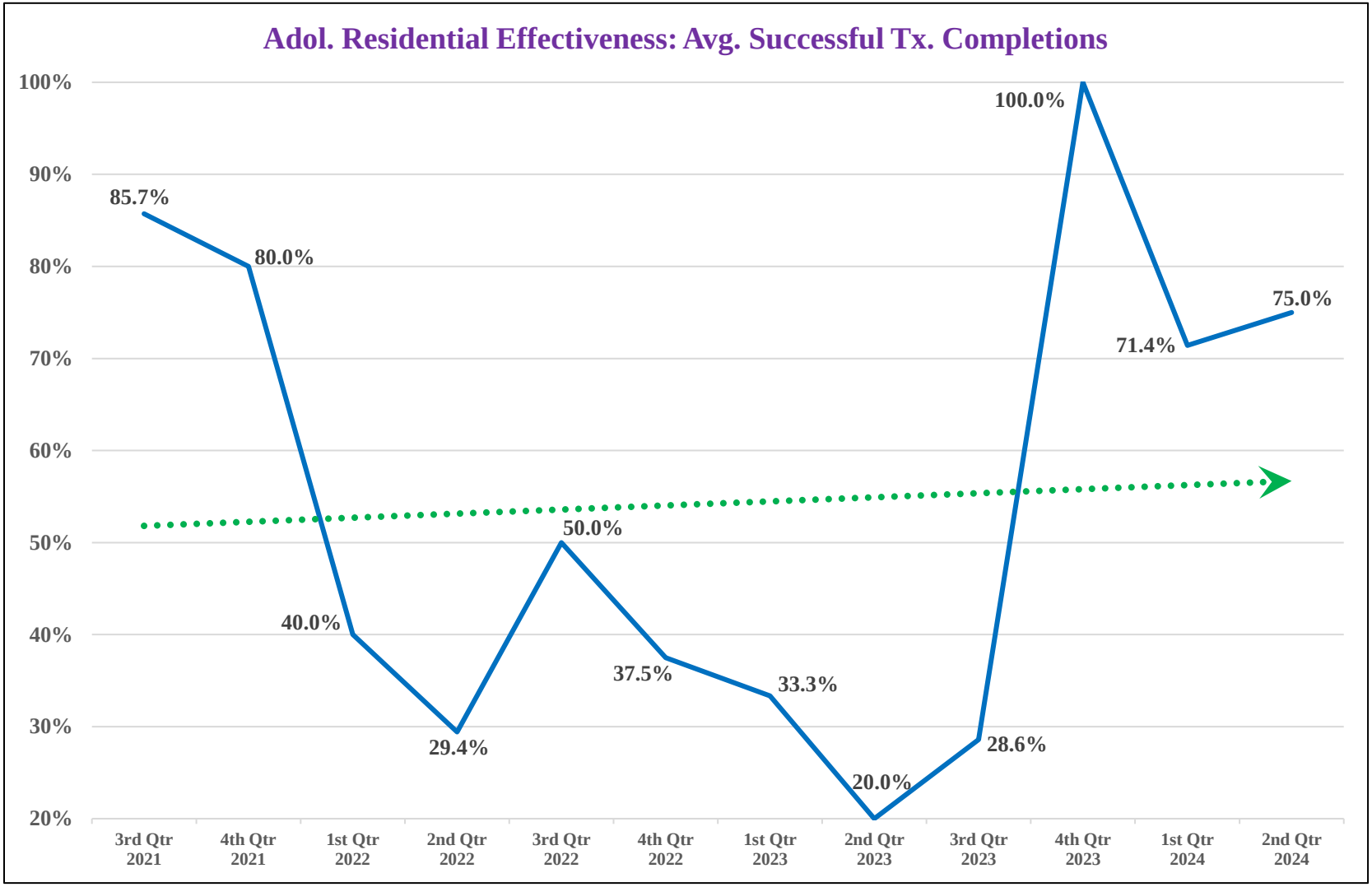
PSC - Overall Employee Satisfaction

2022	2023	2024	Average	Target
77.9%	76.4%	90.0%	81.4%	> 75%

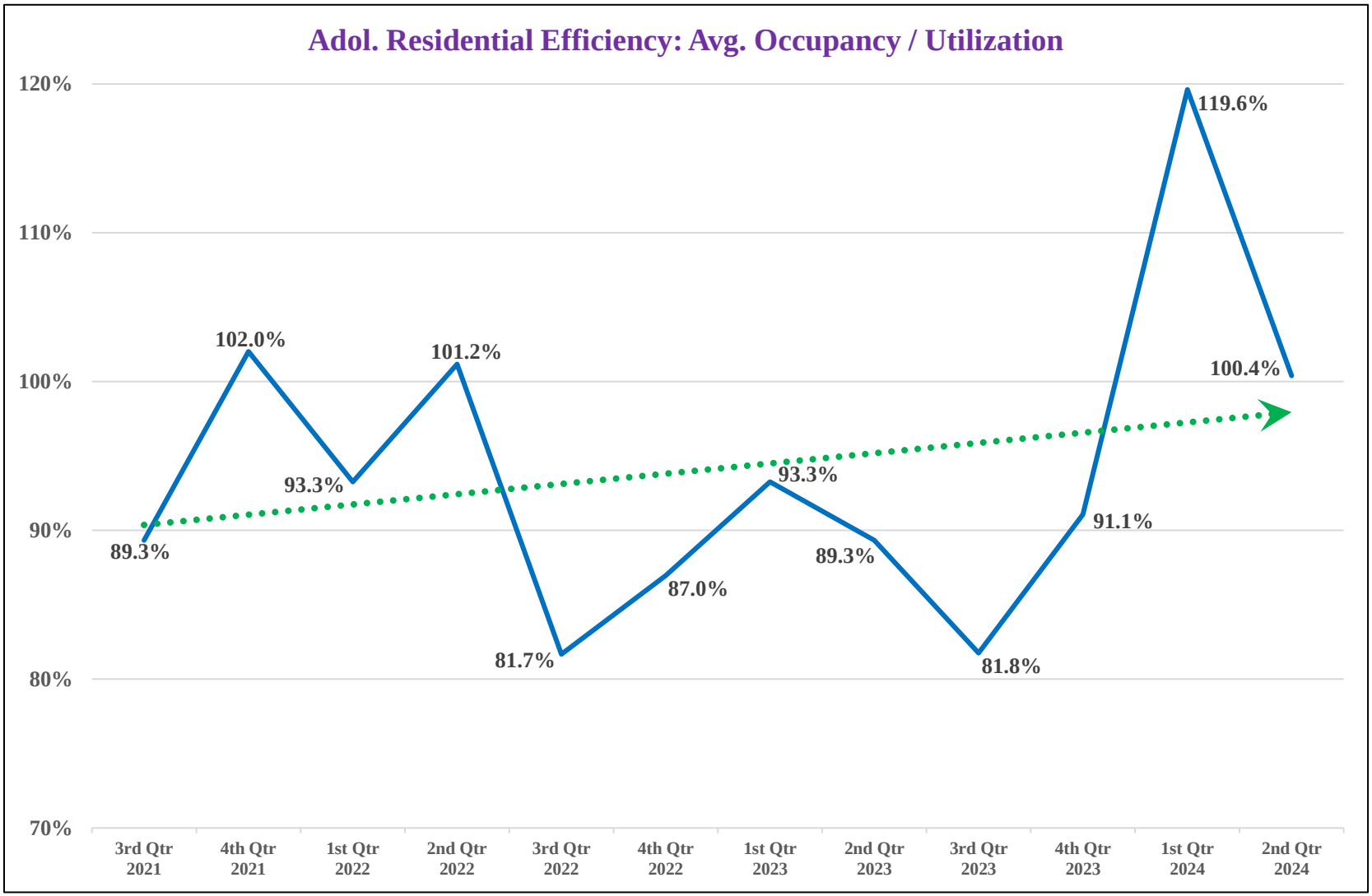
PSC - Overall Key Stakeholder Satisfaction

2022	2023	2024	Average	2022	Target
None	66.7%	50.0%	58.4%	None	> 75%

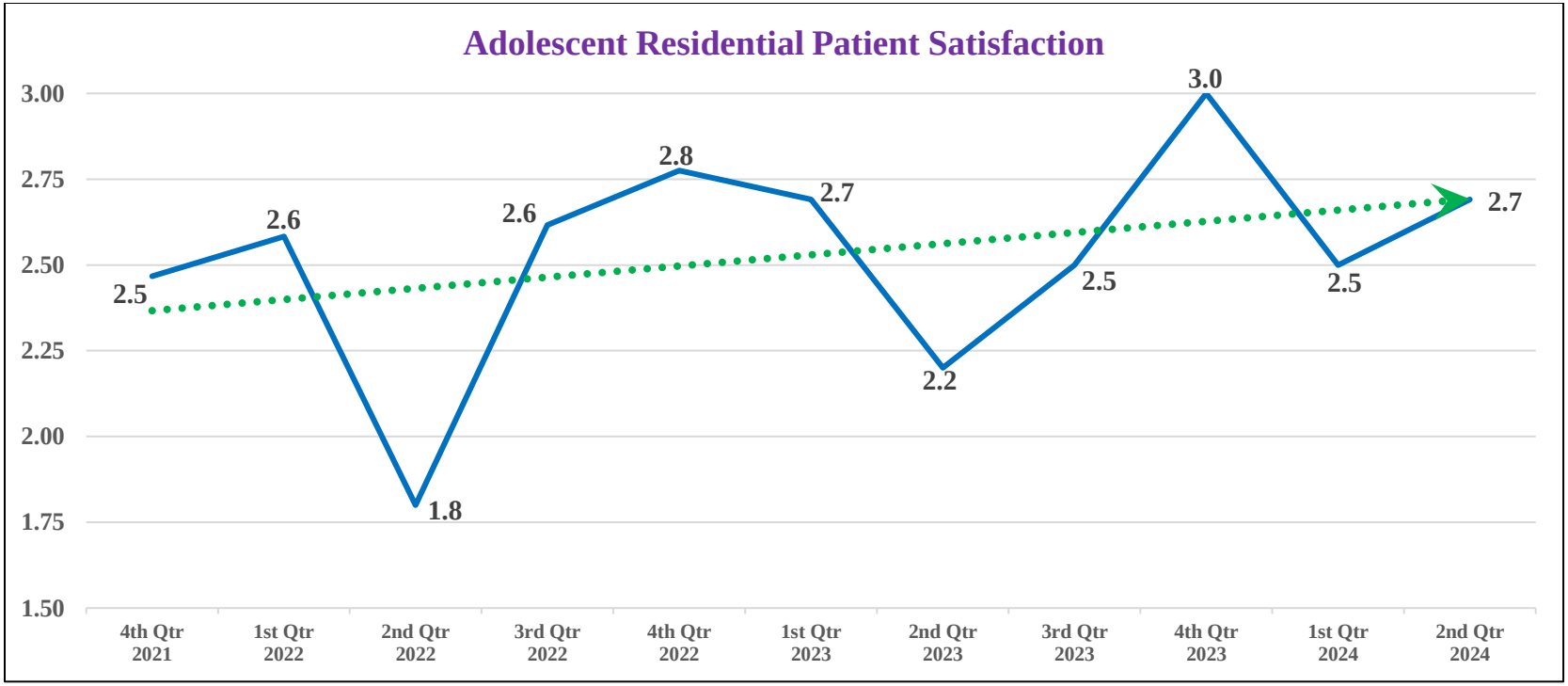

Adol. Residential Access: Avg. # of Days Between Orientation & MTP
9
8
7
6
5
8.4
7.7
6.3
8.1
6.5
6.3
6.9
6.1
8.1
7.7
6.4
5.1
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024


Adol. Residential Effectiveness: Avg. Successful Tx. Completions
100%
90%
80%
70%
60%
50%
40%
30%
20%
85.7%
80.0%
40.0%
29.4%
50.0%
37.5%
33.3%
20.0%
28.6%
100.0%
71.4%
75.0%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2024



GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2024

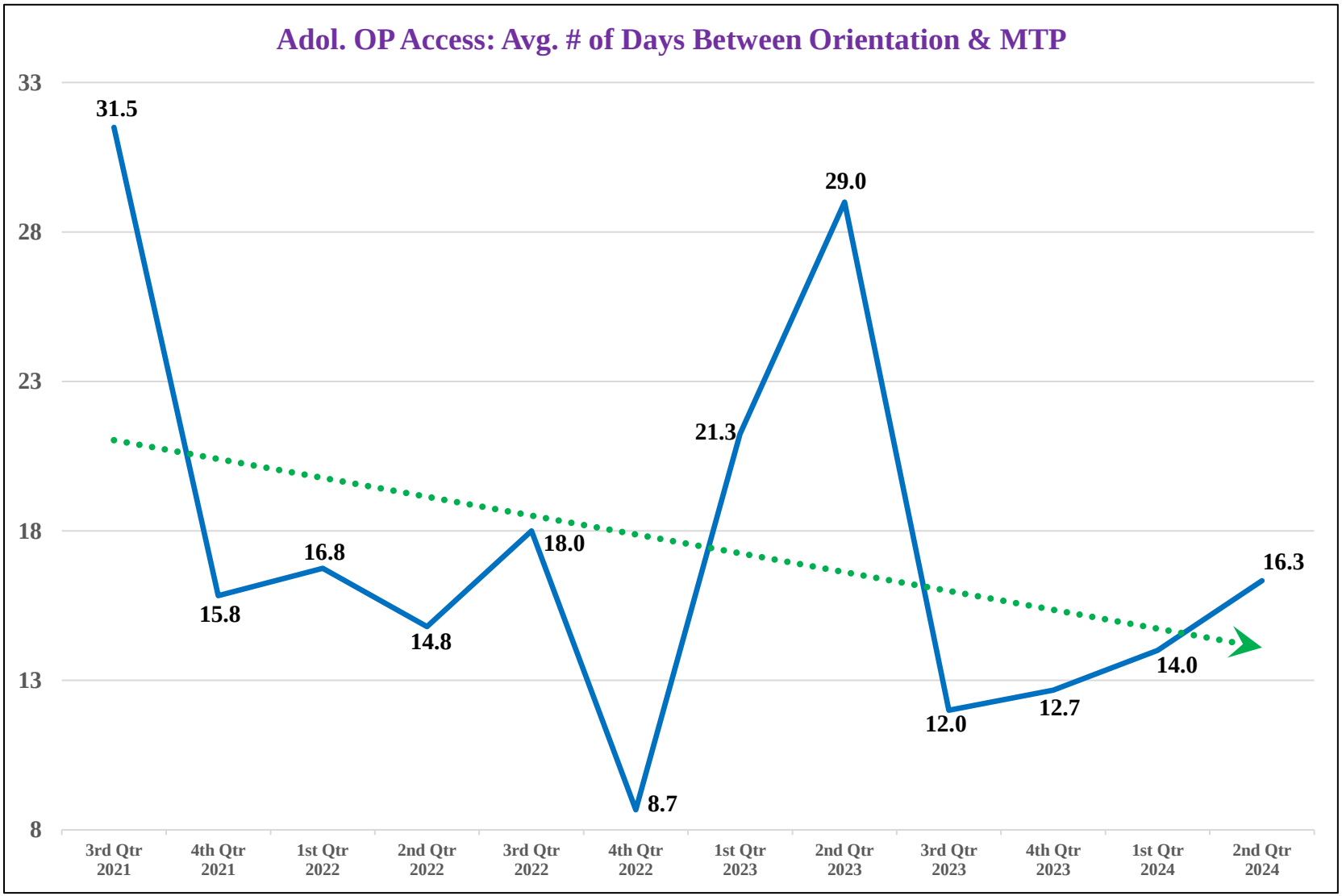


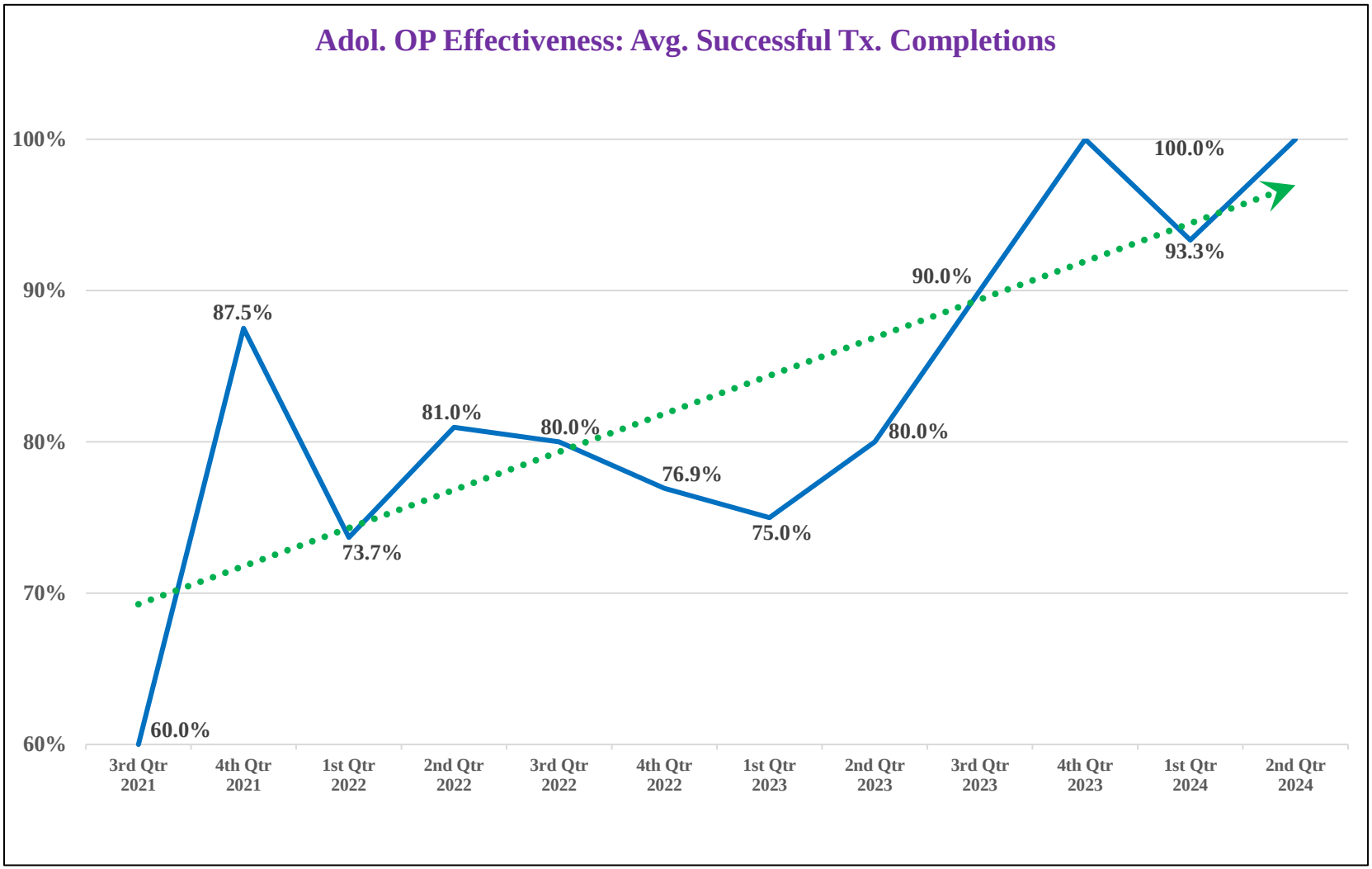
Adolescent Residential - Overall Employee Satisfaction

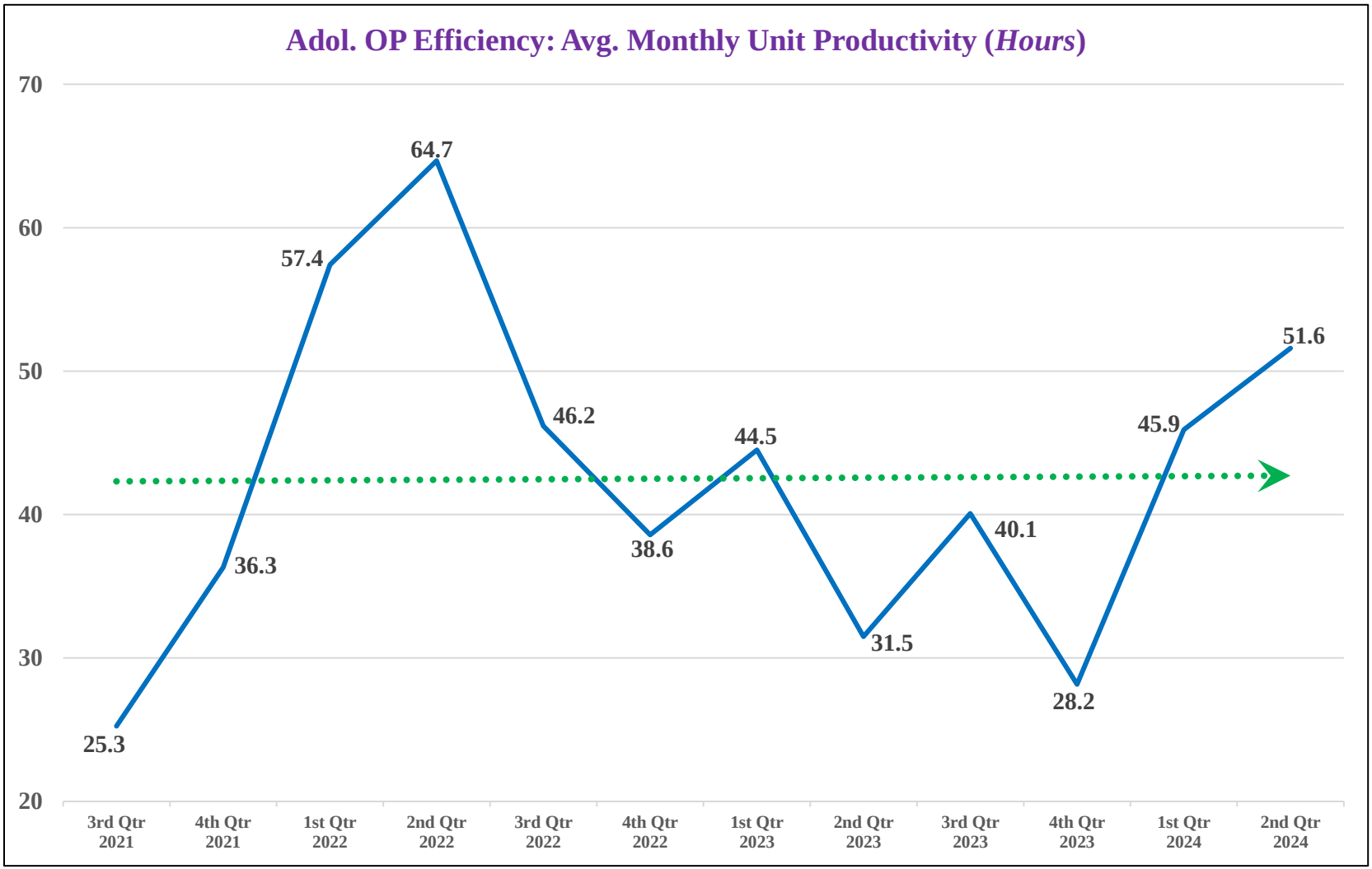
2022	2023	2024	Average	Target
72.7%	83.1%	58.4%	71.4%	> 75%

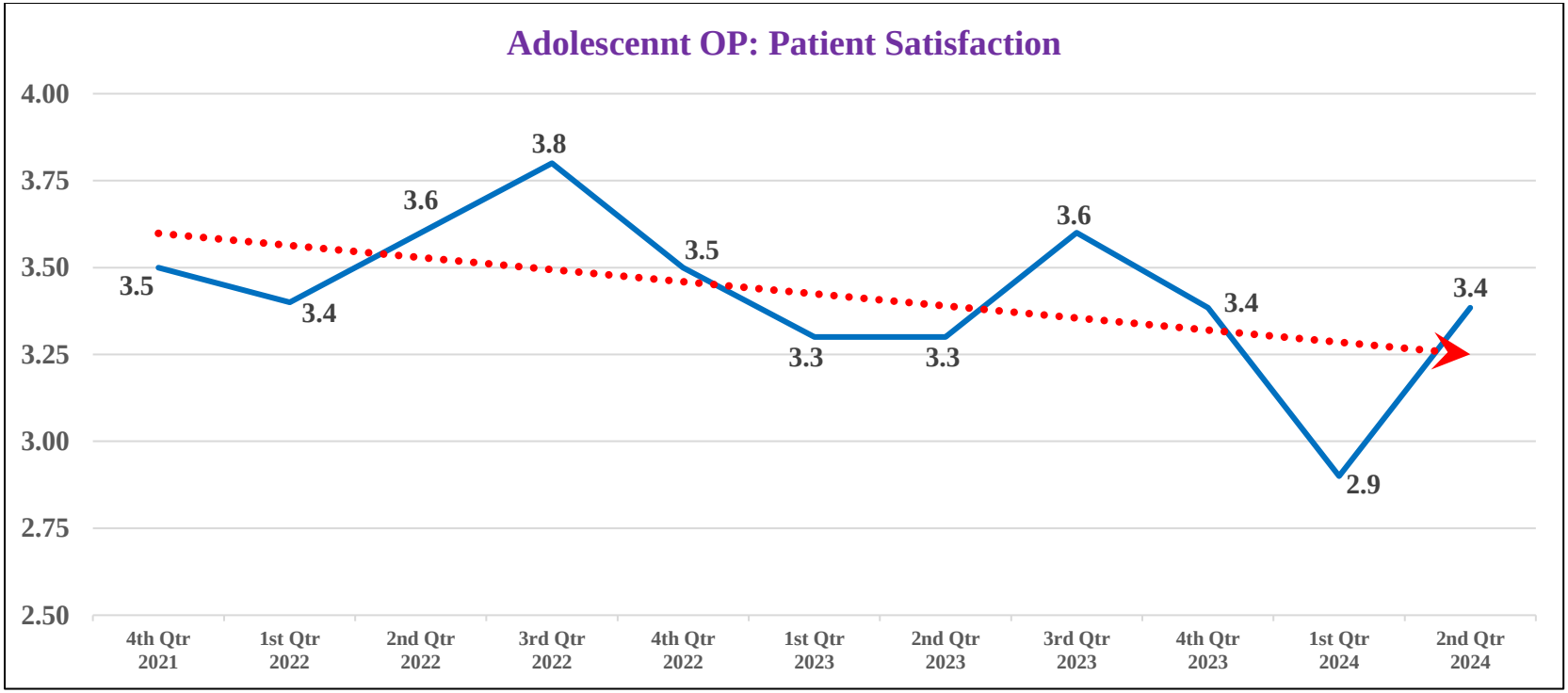
Adolescent Residential - Overall Key Stakeholder Satisfaction

2022	2023	2024	Average	Target
86.1%	87.5%	66.7%	82.2%	> 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
12.0
12.7
14.0
16.3
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024


Adol. OP Effectiveness: Avg. Successful Tx. Completions
100%
90%
80%
70%
60%
60.0%
87.5%
73.7%
81.0%
80.0%
76.9%
75.0%
80.0%
90.0%
100.0%
93.3%
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024


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
31.5
40.1
28.2
45.9
51.6
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024

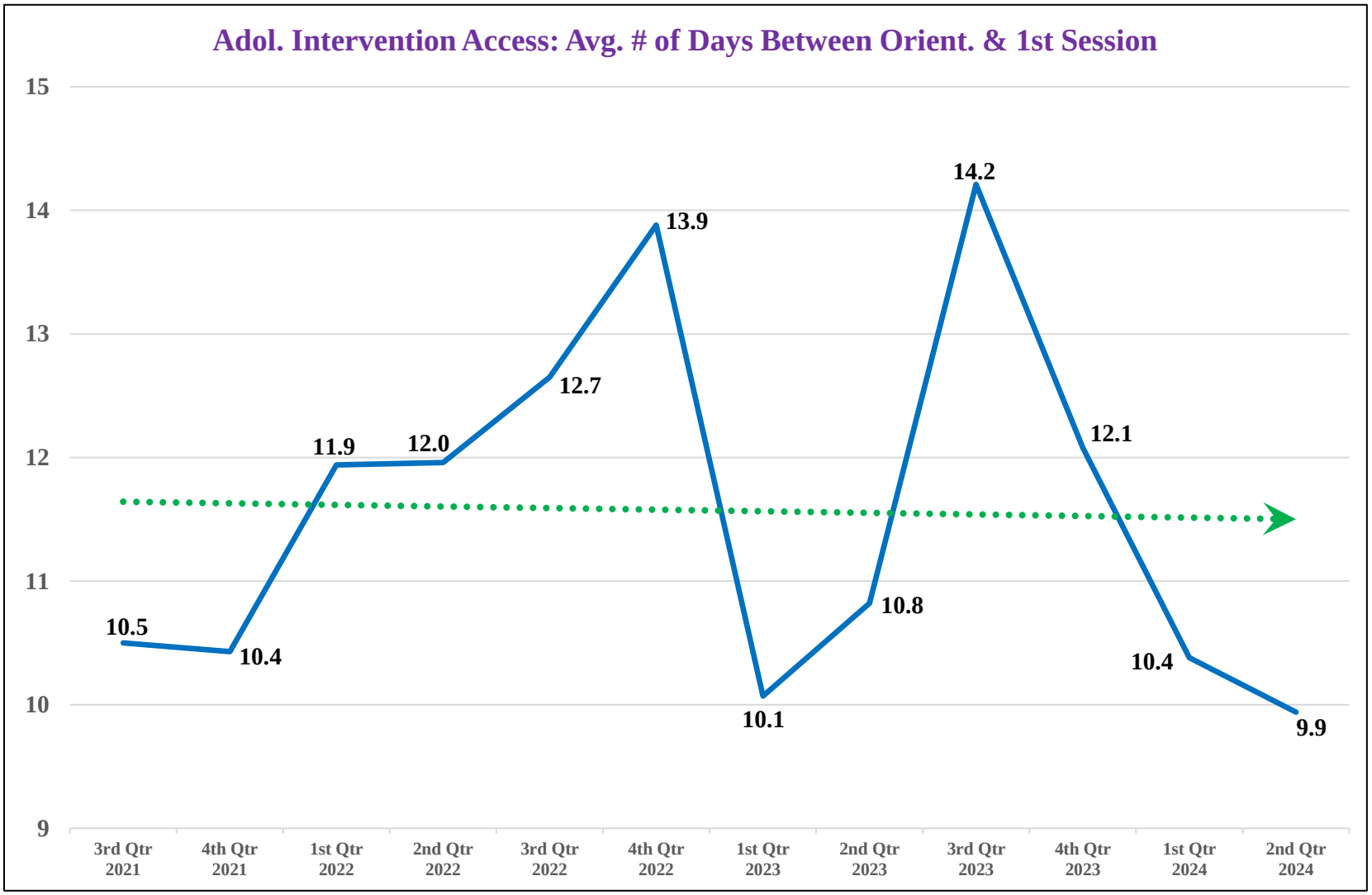


Adolescent Outpatient - Overall Employee Satisfaction

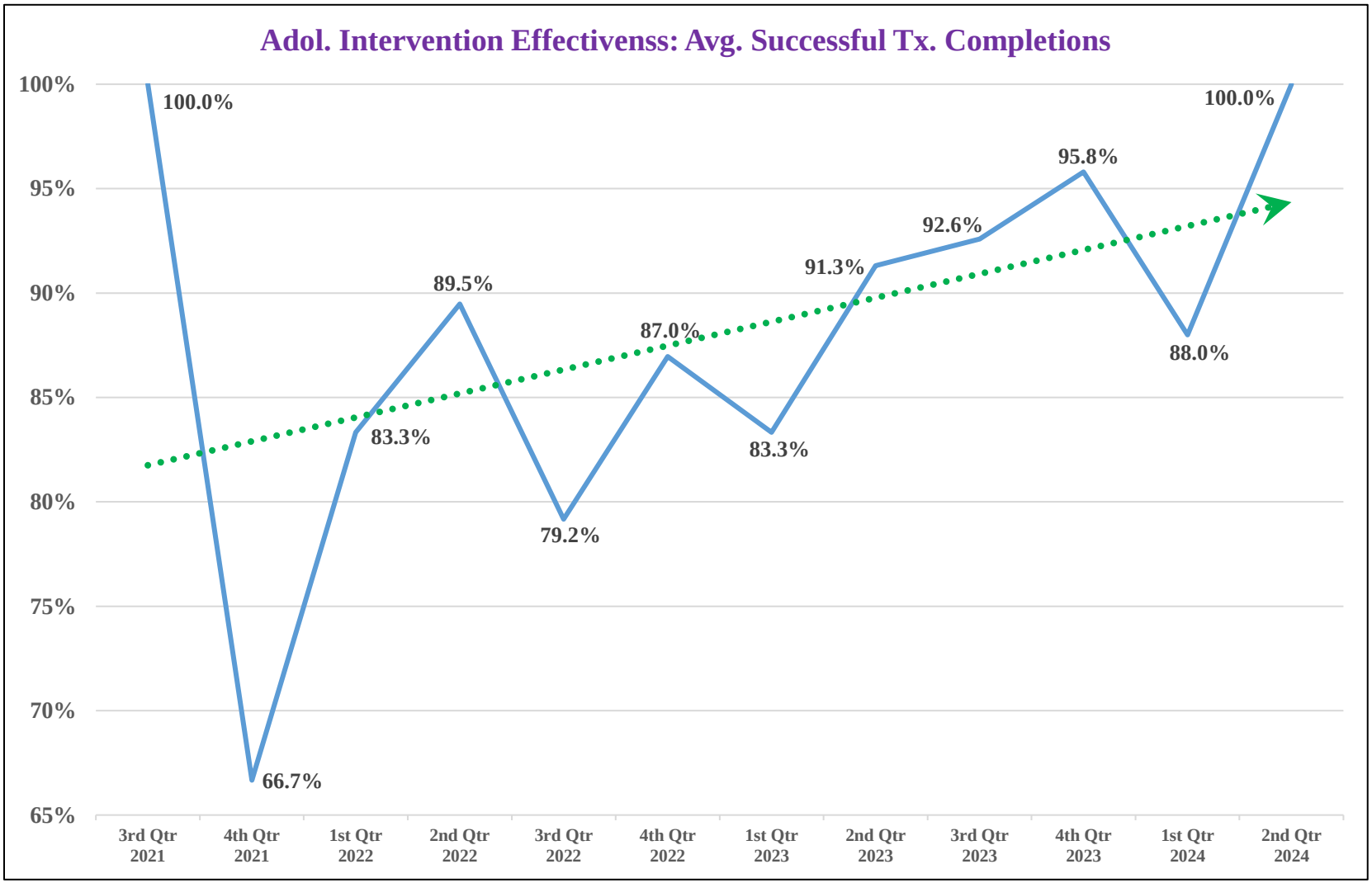
2022	2023	2024	Average	Target
66.1%	75.2%	70.7%	70.7%	> 75%

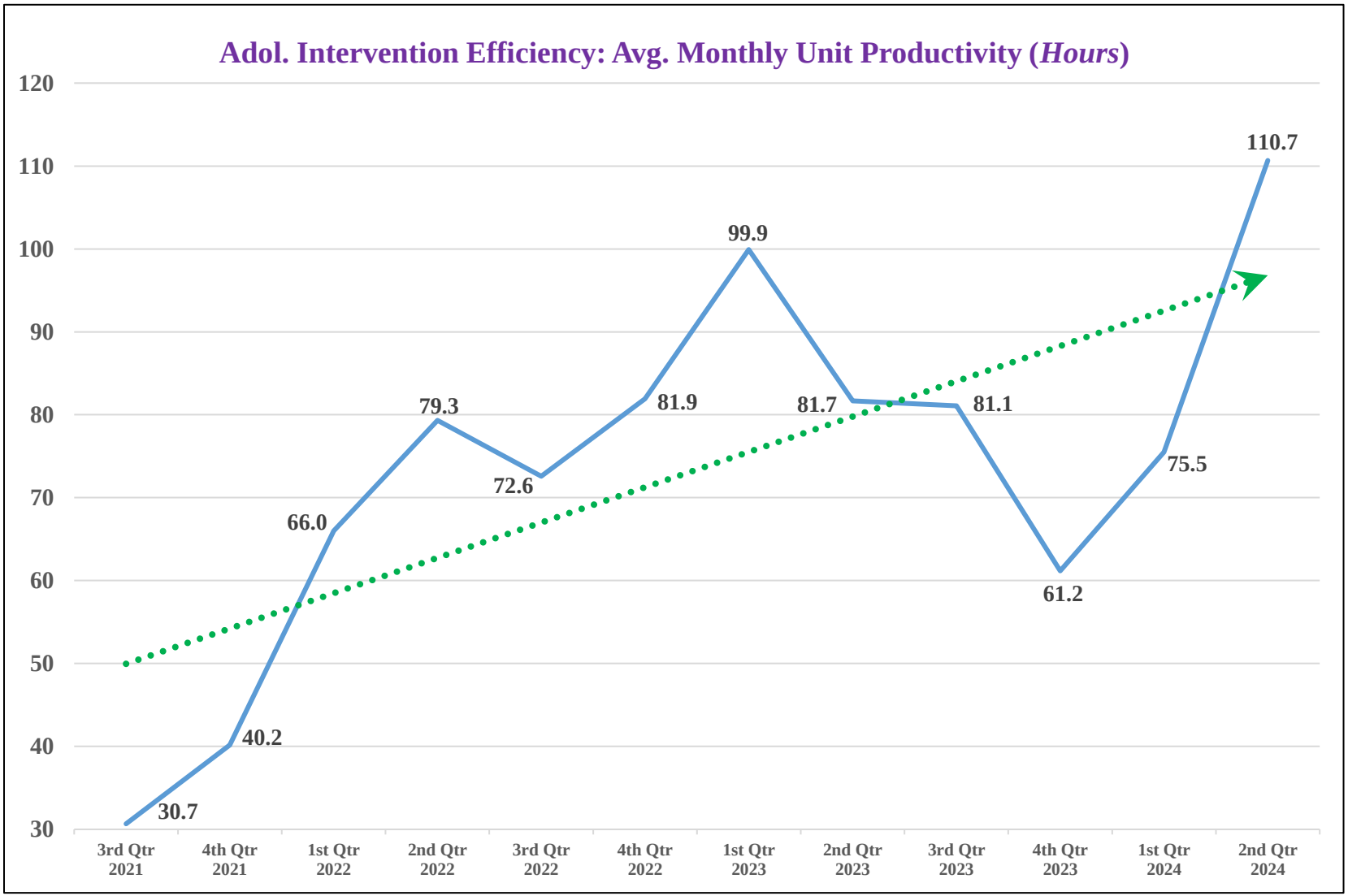
Adolescent Outpatient - Overall Key Stakeholder Satisfaction

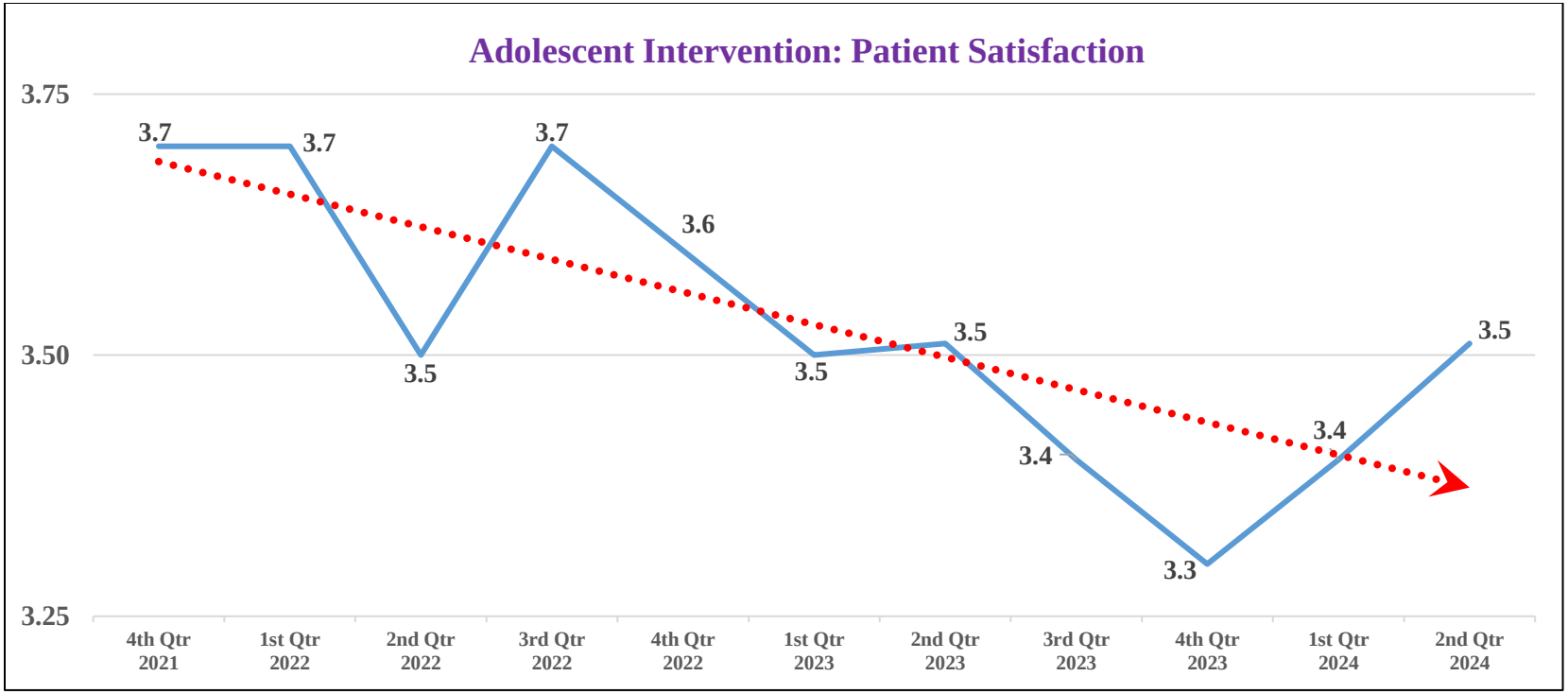
2022	2023	2024	Average	Target
87.5%	87.5%	66.7%	82.7%	> 75%


Adol. Intervention Access: Avg. # of Days Between Orient. & 1st Session
15
14
13
12
11
10
9
10.5
10.4
11.9
12.0
12.7
13.9
10.1
10.8
14.2
12.1
10.4
9.9
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2024




Adol. Intervention Efficiency: Avg. Monthly Unit Productivity (*Hours*)
120
110
100
90
80
70
60
50
40
30
30.7
40.2
66.0
79.3
72.6
81.9
99.9
81.7
81.1
61.2
75.5
110.7
3rd Qtr 2021
4th Qtr 2021
1st Qtr 2022
2nd Qtr 2022
3rd Qtr 2022
4th Qtr 2022
1st Qtr 2023
2nd Qtr 2023
3rd Qtr 2023
4th Qtr 2023
1st Qtr 2024
2nd Qtr 2024

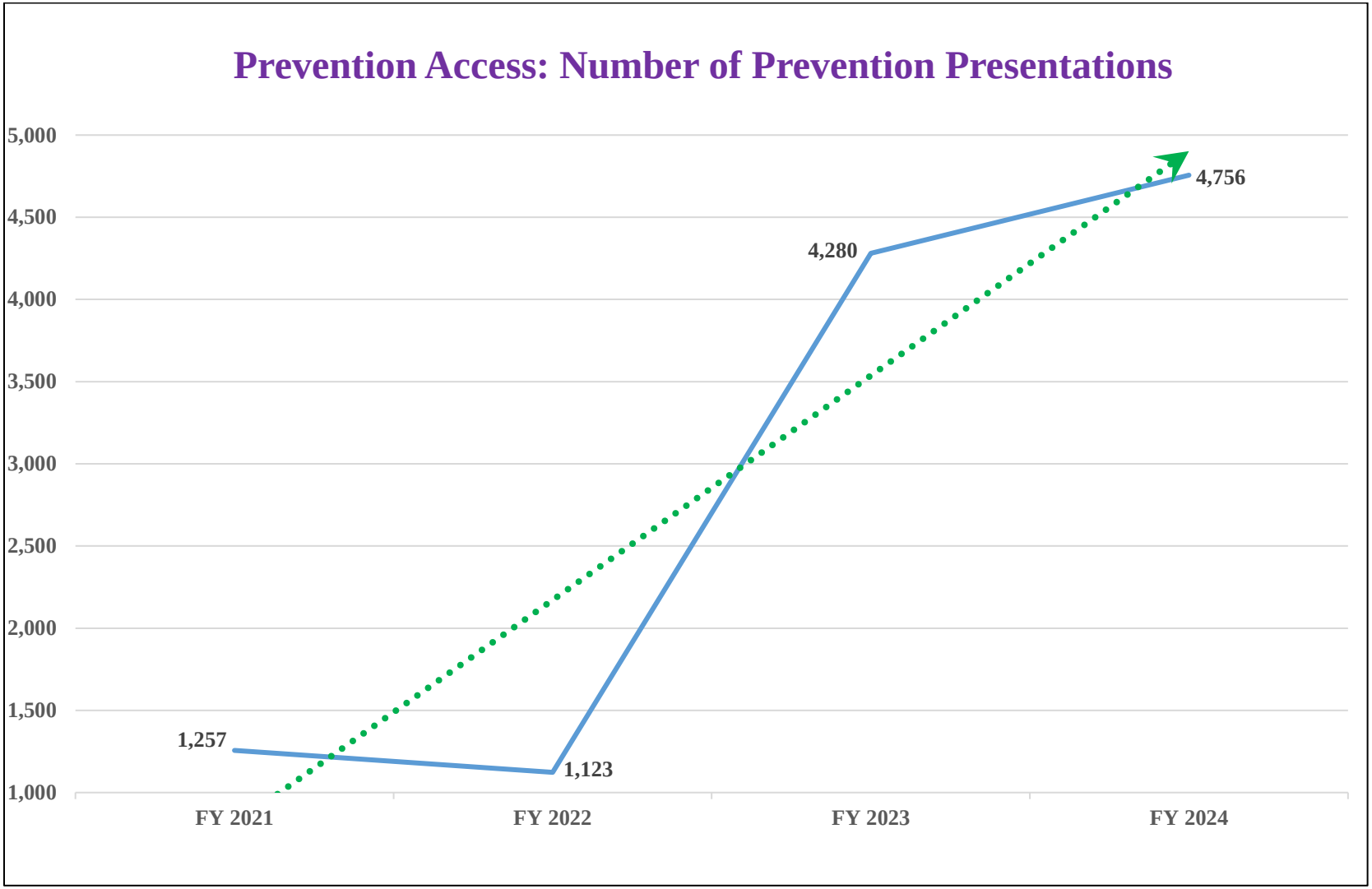


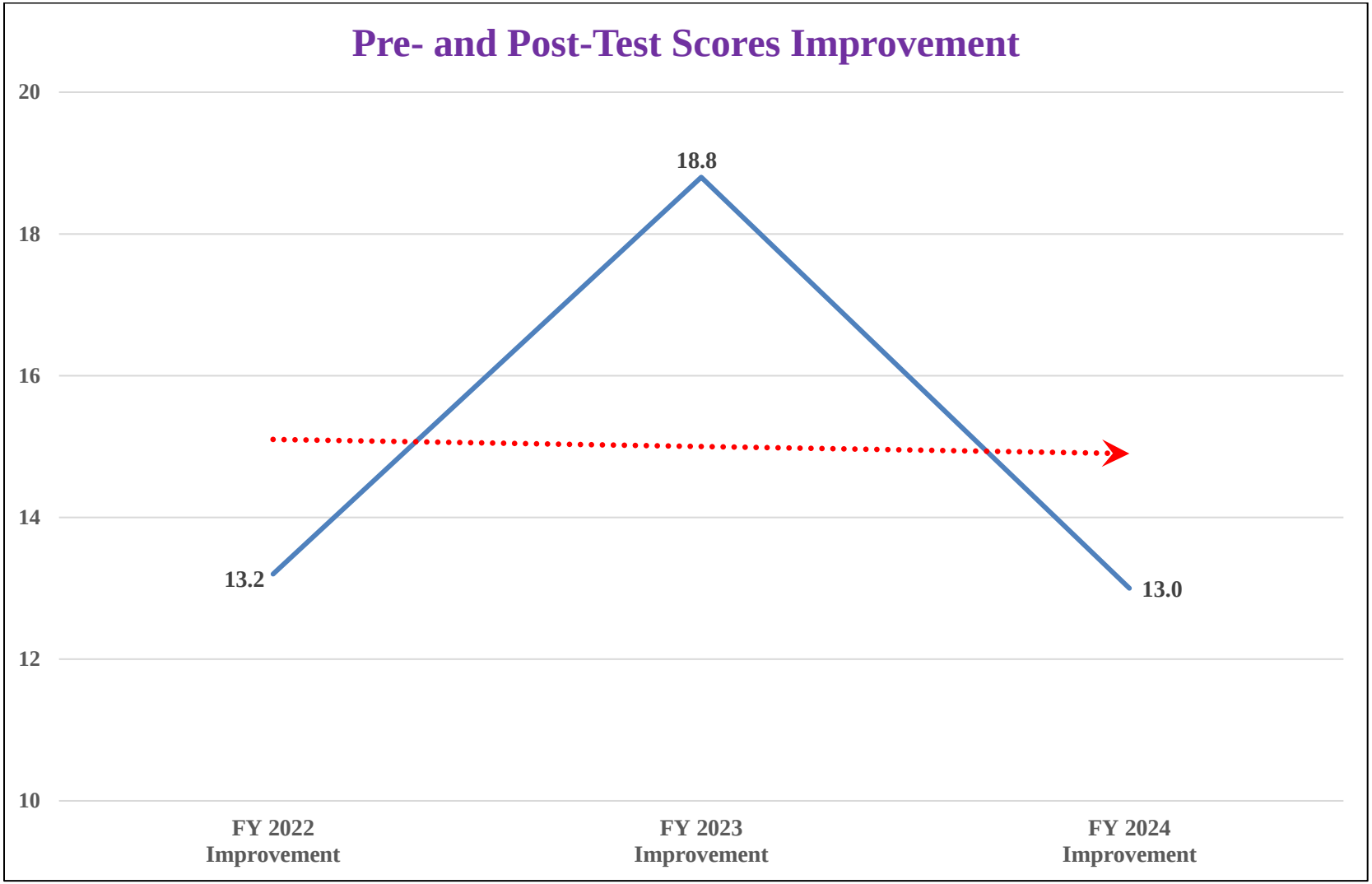
Adolescent Intervention - Overall Employee Satisfaction

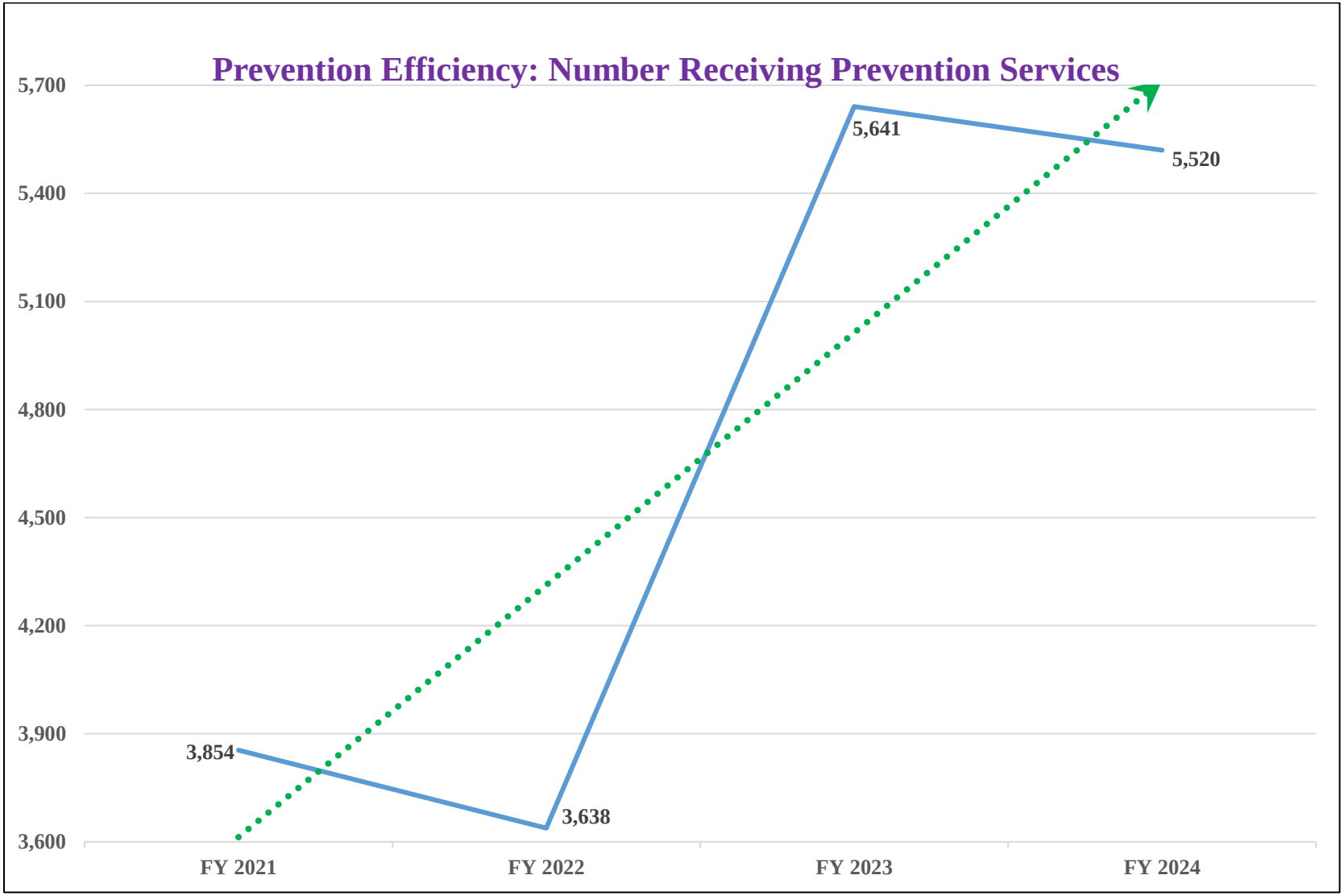
2022	2023	2024	Average	Target
67.2%	81.5%	69.6%	72.8%	> 75%

Adolescent Intervention - Overall Key Stakeholder Satisfaction

2022	2023	2024	Average	Target
79.2%	87.5%	66.7%	79.9%	> 75%


Prevention Access: Number of Prevention Presentations
5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
1,257
1,123
4,280
4,756
FY 2021
FY 2022
FY 2023
FY 2024

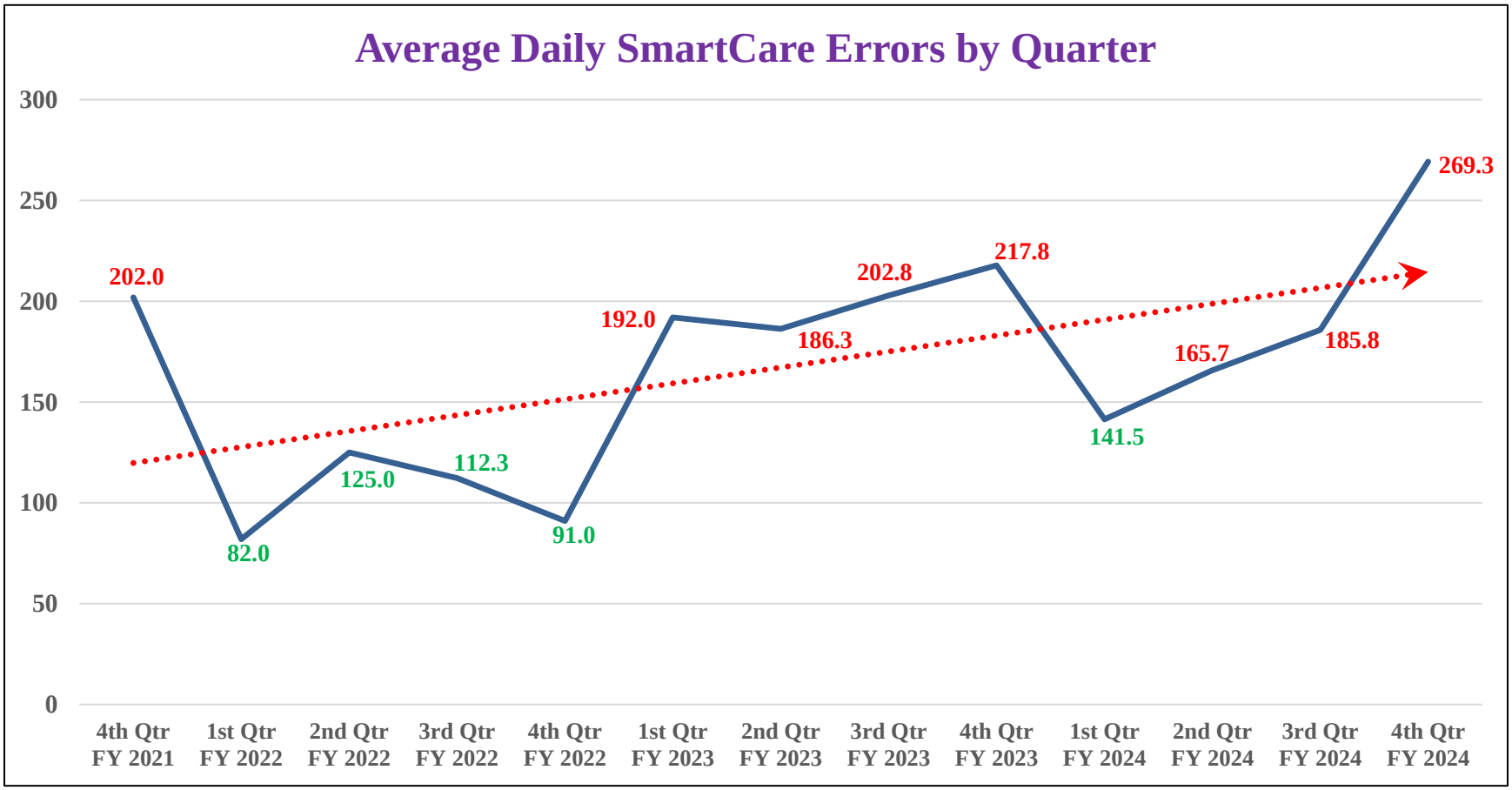

Pre- and Post-Test Scores Improvement
20
18
16
14
12
10
18.8
13.2
13.0
FY 2022 Improvement
FY 2023 Improvement
FY 2024 Improvement


Prevention Efficiency: Number Receiving Prevention Services
5,700
5,400
5,100
4,800
4,500
4,200
3,900
3,600
3,854
3,638
5,641
5,520
FY 2021
FY 2022
FY 2023
FY 2024

Prevention Satisfaction - Overall Participant Satisfaction with Services				
FY 2022	FY 2023	FY 2024	Average	Target
100.0%	100.0%	100.0%	100.0%	> 75%

Prevention Satisfaction - Overall Employee Satisfaction				
FY 2022	FY 2023	FY 2024	Average	Target
56.5%	81.8%	67.6%	68.6%	> 75%

Prevention Satisfaction - Overall Key Stakeholder Satisfaction with Services				
FY 2022	FY 2023	FY 2024	Average	Target
100.0%	100.0%	100.0%	100.0%	> 75%



(The goal/objective/target is to average 150 or fewer daily errors.)

Summary Response by Amanda Melady, Director of Adult Outpatient, 08/06/2024

I think that I have information that can help in understanding this trend and information about what could help lower it over the next quarter.

There were a few "bugs" in Smartcare that Streamline tickets were open for over the last several months, which were resolved this past Friday. This caused employees in Detox, and at times other employees helping in Detox, to have 30+ errors at one time due to Smartcare not permitting the notes to be submitted. The Data Team has shared that this has been resolved now, but it did take Streamline a long time to address these system issues.

Additionally, there were errors for Detox when Stabilization was open when notes were completed for Detox group notes, but the recent decision to no longer enroll in Stabilization within Smartcare should prevent this issue moving forward. This caused 15+ errors at one time, as well, which we should not see any longer.

Anne Zawada has been working with different departments within Gateway when she sees outstanding errors and advising them how to correct them, which should hopefully reduce the same errors moving forward. She cannot do this every day, but if errors are cleared the same day that they show on the report, they will not be calculated with the new errors when the report runs the next day, which should dramatically decrease our daily average, because the number of errors will not be building each day. I think that with a better understanding of how to clear the errors, staff can more quickly resolve them when they see their errors on the report.

Another trend that I've seen is the number of errors reported for an error caused by one document being late. The Outcomes Update, for instance, will be due for the primary clinician to complete, but the report will list the error for each program that the client is opened within as a unique error, which could inflate the number of errors. Although, primary clinicians/primary staff should be tracking the due date and ensuring they are completed before they are due. There is a report that I worked with the Data Team to create for UM/UR that could be helpful in getting staff started if they have not already built a tracker, called UM Client Report.

Hopefully, some of this was helpful and with certain issues being resolved, we can lower the average quickly.

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	FY 2024 Average Monthly Hours of Supervision per Employee
Adol. OP & Intervention	**1.2**	**1.5**	**1.3**	**1.0**	**1.4**
Adol Residential	**0.9**	**2.0**	**1.7**	**1.9**	**2.0**
Adult Intervention	***No Data***			**1.6**	**1.9**
Adult Outpatient	**1.7**	**3.4**	**4.8**	**3.6**	**1.9**
Adult Residential	**0.9**	**3.6**	**3.0**	**2.5**	**1.3**
Aftercare/HSS	**2.9**	**3.7**	**1.9**	**4.1**	**7.9**
Detox	***No Data***				**1.5**
FIS/FTC	**0.9**	**1.5**	**0.6**	**1.1**	**2.0**
FITT	**1.9**	**4.8**	**1.0**	**1.6**	**1.9**
Hospital Bridge Program	**0.7**	**1.6**	**1.0**	**1.1**	**1.8**
Prevention	***No Data***				**2.0**
Problem-Solving Courts	**1.1**	**1.5**	**0.5**	**1.0**	**1.0**
RBS/TRH	**2.9**	**4.4**	**4.4**	**4.1**	**3.3**
Overall Avg. Hours of Supervision per Employee per Month for GW	**1.7**	**3.3**	**2.7**	**2.2**	**2.3**

(Green = Above 2.0 / Red = Below 1.0)

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2024

PEER REVIEWS - AVERAGES ALL YEARS BY PROGRAM

	Adol. OP & Inter.		Adol. Residential		Adult Intervention		Adult Outpatient		Adult Residential	
	Open	Closed	Open	Closed	Open	Closed	Open	Closed	Open	Closed
FY 2020	98.3%	98.1%	97.6%	96.7%	*No Data*		93.9%	92.5%	87.0%	86.5%
FY 2021	98.7%	98.8%	97.2%	96.7%			97.1%	96.5%	88.9%	93.7%
FY 2022	98.8%	99.6%	97.5%	96.2%			94.9%	95.8%	92.3%	92.2%
FY 2023	99.5%	99.3%	97.6%	96.3%			90.0%	91.2%	90.3%	86.9%
FY 2024	98.4%	97.7%	97.0%	97.1%	97.5%	99.7%	89.5%	88.0%	89.1%	88.3%
Average	98.7%	98.7%	97.4%	96.6%	97.5%	99.7%	93.1%	92.8%	89.5%	89.5%

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

	Aftercare / HSS		Detox		FIS/FTC		FITT		PSC	
	Open	Closed	Open	Closed	Open	Closed	Open	Closed	Open	Closed
FY 2020	85.9%	88.7%	*No Data*		99.4%	99.0%	96.5%	97.3%	93.6%	92.0%
FY 2021	88.0%	86.7%			91.3%	98.9%	97.3%	97.6%	97.0%	93.0%
FY 2022	90.9%	83.3%			99.4%	72.5%	97.6%	95.6%	97.8%	93.7%
FY 2023	85.7%	84.4%			100.0%	99.4%	98.8%	99.5%	99.7%	99.8%
FY 2024	90.4%	84.3%	96.7%	95.8%	99.3%	94.1%	97.5%	99.7%	98.1%	98.1%
Average	88.2%	85.5%	96.7%	95.8%	97.9%	92.8%	97.5%	97.9%	97.2%	95.3%

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
FY 2024	24	0
Total	**531**	**1**
Average	**75.9**	**0.2%**

UM-UR CHART REVIEW RESULTS

of CHART REVIEWS COMPLETED

Program	3rd Qtr FY 2024	4th Qtr FY 2024
Detox	**56**	**51**
Adult Residential	**17**	**54**
Adult Outpatient	**63**	**108**
Adult Intervention	**3**	**5**
Aftercare	**52**	**40**
Adol. Residential	**7**	**7**
Adol. Outpatient	**5**	**7**
Adol. Intervention	**11**	**8**
Medical Services	**NA**	**29**
TOTAL	**214**	**309**

AVG. CHART REVIEW SCORES

Program	3rd Qtr FY 2024	4th Qtr FY 2024
Detox	**57.3%**	**83.5%**
Adult Residential	**60.7%**	**68.3%**
Adult Outpatient	**64.9%**	**78.4%**
Adult Intervention	**42.6%**	**84.8%**
Aftercare	**61.3%**	**91.2%**
Adol. Residential	**53.3%**	**84.9%**
Adol. Outpatient	**38.1%**	**74.1%**
Adol. Intervention	**45.1%**	**85.5%**
Medical Services	**NA**	**92.1%**
AVERAGE	**52.9%**	**82.5%**

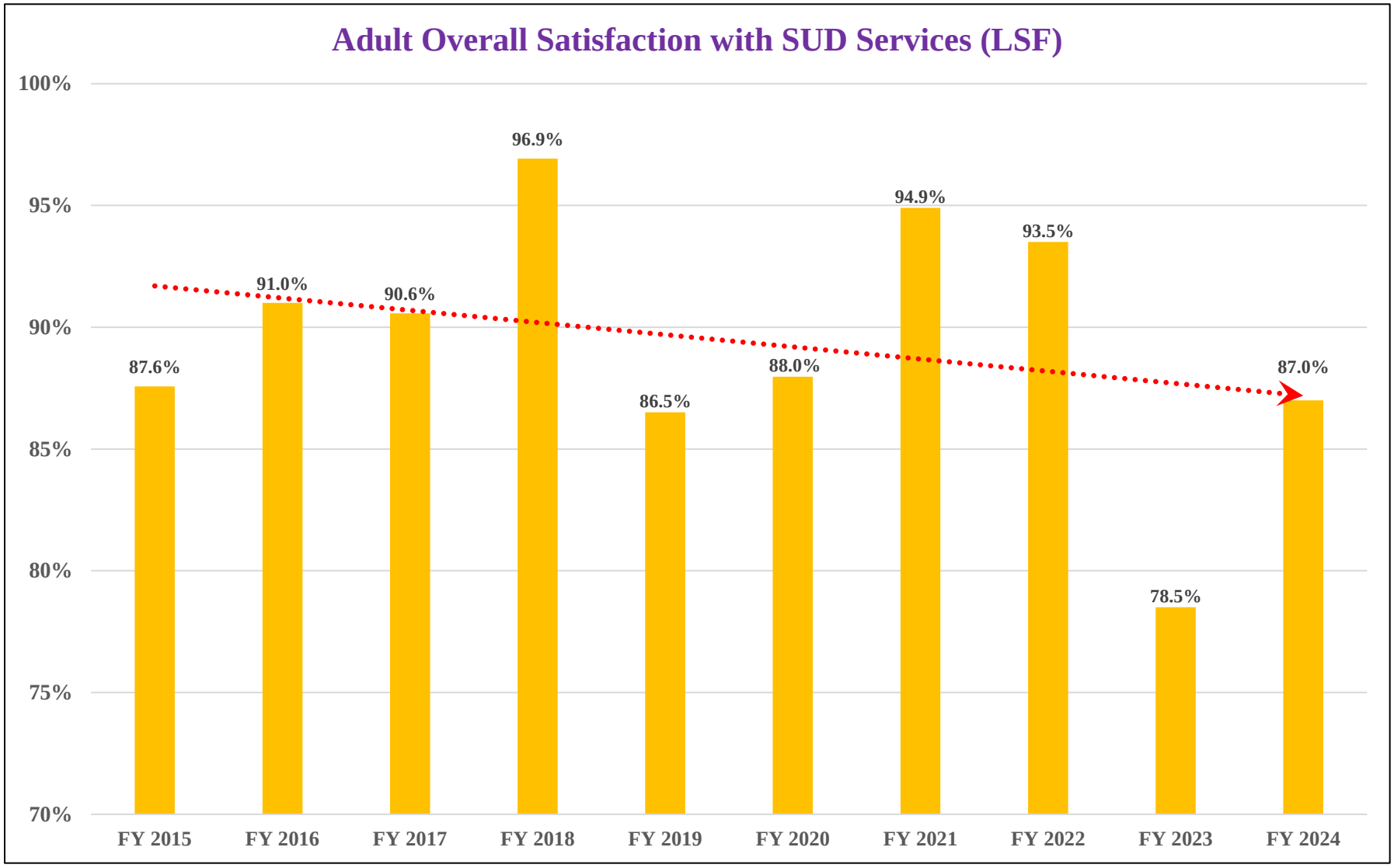
(Green = Above 90% Red = Below 80%)

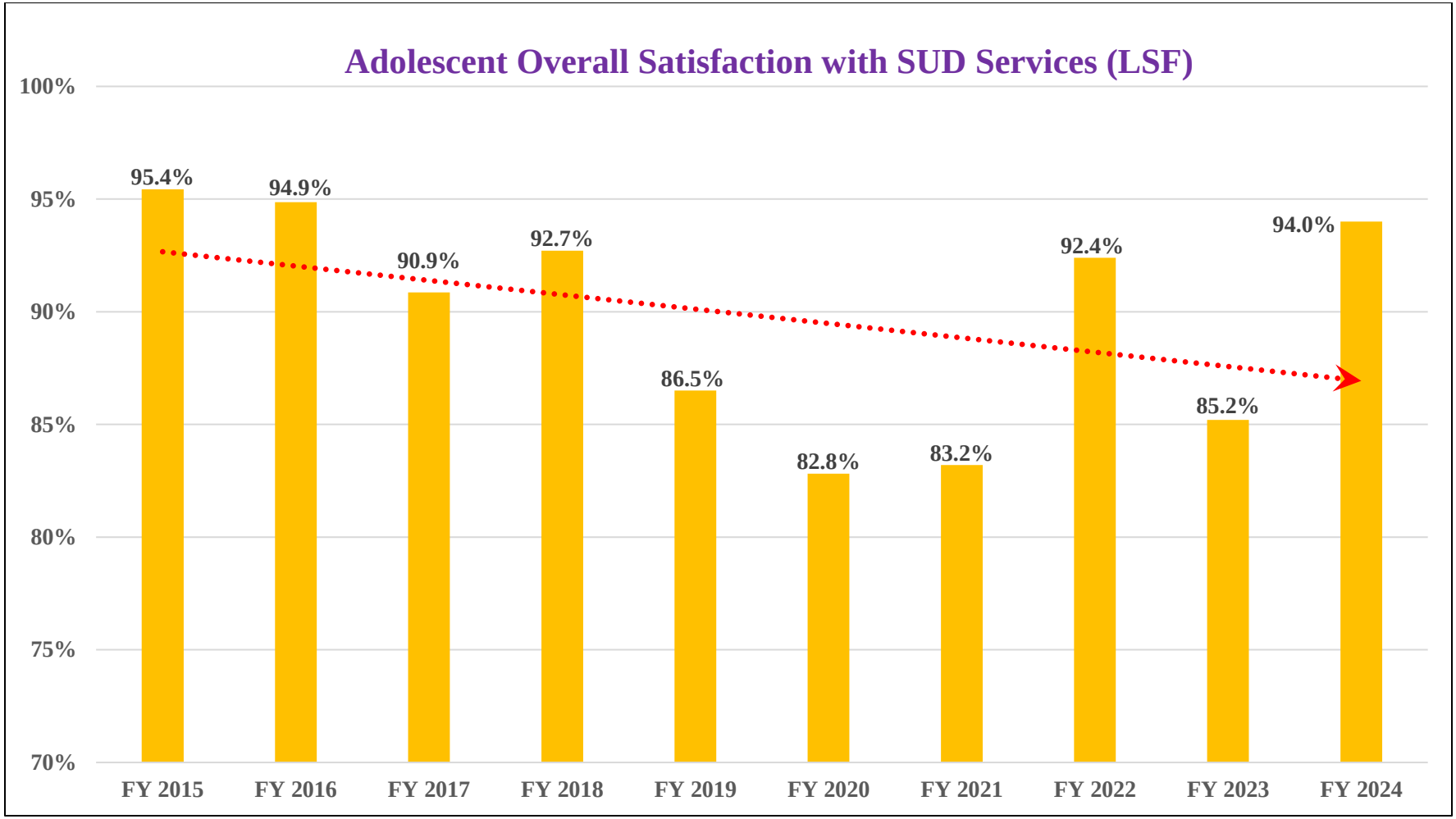
A co-chair for the Transformation Team received the data from patient and staff surveys, and then reviewed the time series data from the previous year to identify growth based on the previous year's action items and ongoing areas of improvement. While all areas improved at an organizational level and were not required to have action plans, there were programmatic areas of needed improvement. The survey results and trends at the organizational and programmatic levels were shared with the Transformation Team to create a plan with actionable items tailored to individual department improvement areas, with a focus on improving the patient experience. A major accomplishment has been the creation of several programs within adolescent and Adult Outpatient and residential settings that provide curriculum and opportunities to discuss sexual health and interests. The Healthy, Safe, and Sober program includes a counselor and a peer who provide Living in Balance Life Skills and Hazelden Living Skills, by self-identified gender.

Several areas of improvement identified by the Transformation Team are closely aligned to social determinants of health, which are indicators of sustained recovery. Training for tailored treatment planning is underway and includes proper documentation and staff actions and conversations with patients regarding volunteer, employment, and involvement to improve patient social connectedness. Several smaller initiatives such as increasing knowledge of opportunities through improved communication, sharing flyers and resource links, or providing mock interviews and discussing employment goals and preparation have been addressed departmentally. The Transformation Team has actively worked toward implementing incremental changes through aligning the ROSC model within Gateway's processes, policies, and standards.

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

Question	Survey Item/Element	Staff Score	Patient Score	Variance
#15	I am given opportunities to discuss my sexual needs and interests when I wish.	3.67	3.35	**-0.32**
#17	Staff help me to find jobs.	4.03	3.43	**-0.60**
#22	Staff Help me find ways to volunteer.	4.15	3.97	**-0.18**
#25	I am encouraged to attend agency advisory boards and/or management meetings if I want.	3.72	3.20	**-0.50**
#29	I am/can be involved with staff trainings and education programs at this agency.	3.67	3.42	**-0.25**


Adult Overall Satisfaction with SUD 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%
78.5%
87.0%
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024


Adolescent Overall Satisfaction with SUD 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%
94.0%
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024

LSF Patient Satisfaction Survey Results

Adult Mental Health Treatment	Overall Satisfaction	#
FY 2015	*Not Monitored During These Years. Merged with Adult SUD response data.*	
FY 2016		
FY 2017		
FY 2018		
FY 2019		
FY 2020		
FY 2021		
FY 2022		
FY 2023	97.0%	68
FY 2024	92.0%	122

Evaluations of Emergency Plans

and

Facility Safety Inspections

Noel Orona

GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2024

Evaluations of Disaster Plans (Drills) - 2023

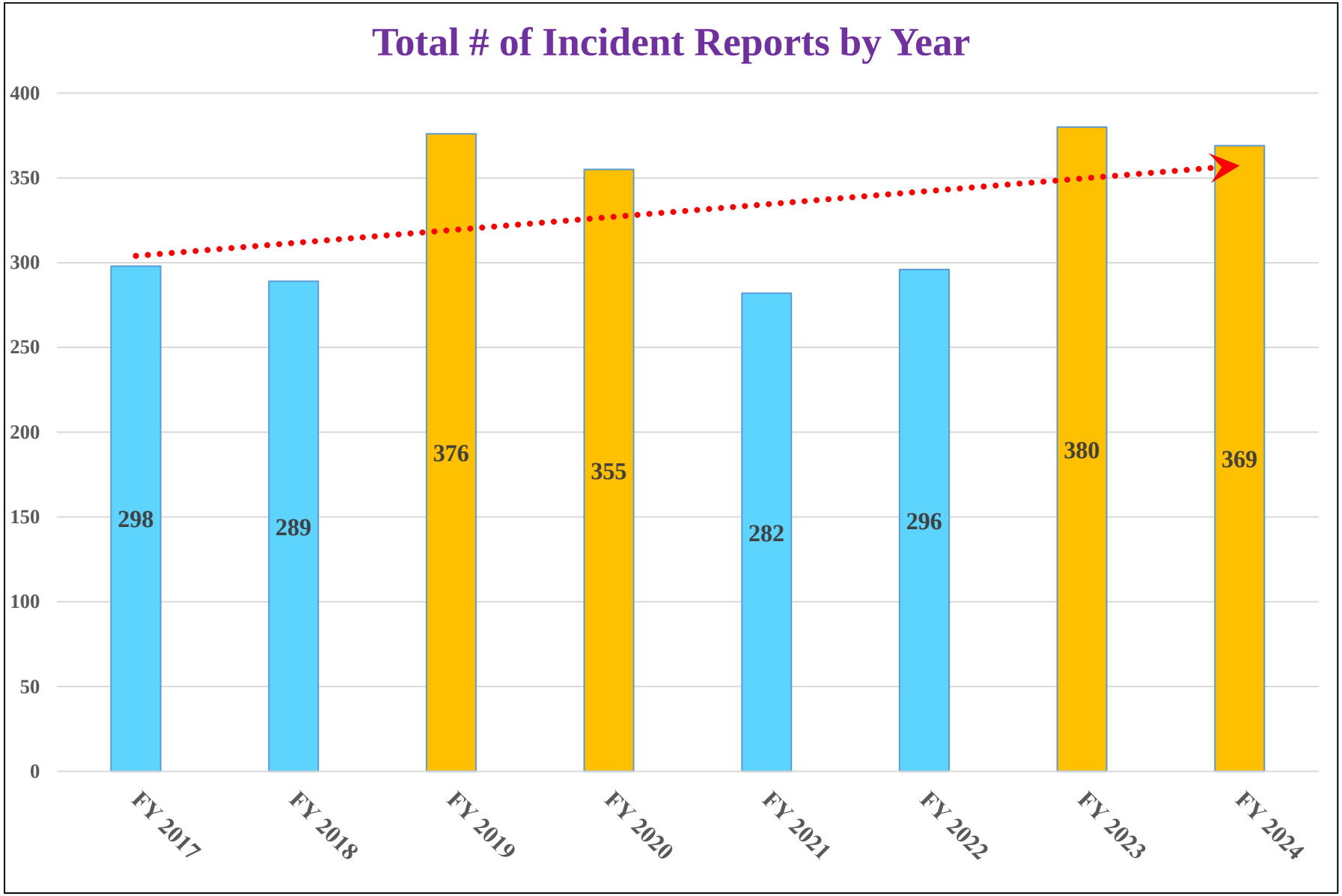
Facility	Shift	Bombs	Hazmat	Hurricane	Medical	Tornado	Utility Failure	Violence	Fire Qtrs 1-4	Code Blue
Stockton	1st	02/02/23	03/13/23	02/28/23	03/13/23	02/07/23	03/05/23	03/12/23	4 of 4	2 of 2
	2nd	02/02/23	03/14/23	02/28/23	03/13/23	02/07/23	03/05/23	03/12/23	4 of 4	2 of 2
	3rd	02/02/23	03/14/23	02/28/23	03/13/23	02/07/23	03/04/23	03/12/23	4 of 4	2 of 2
Detox	1st	01/11/23	01/11/23	01/11/23	01/11/23	01/11/23	01/19/23	01/11/23	4 of 4	2 of 2
	2nd	01/19/23	01/19/23	01/19/23	01/19/23	01/19/23	01/19/23	01/19/23	4 of 4	2 of 2
Front Lobby	One Shift	06/21/23	02/24/23	04/14/23	06/21/23	04/14/23	06/21/23	06/07/23	4 of 4	NA
Adult Outpatient	One Shift	02/08/23	02/08/23	03/22/23	03/22/23	06/14/23	06/14/23	07/26/23	4 of 4	2 of 2
Medical	One Shift	02/21/23	02/21/23	08/28/23	06/27/23	02/21/23	02/21/23	02/21/23	4 of 4	2 of 2
Annex	One Shift	03/09/23	05/11/23	07/10/23	05/11/23	07/10/23	10/12/23	03/09/23	4 of 4	2 of 2
Lexington	One Shift	01/19/23	01/19/23	01/19/23	01/19/23	01/19/23	01/19/23	01/19/23	4 of 4	2 of 2
BRC	1st	04/08/23	03/04/23	07/20/23	05/06/23	06/03/23	01/26/23	02/20/23	4 of 4	2 of 2
	2nd	04/17/23	03/05/23	07/08/23	05/15/23	06/15/23	01/29/23	02/24/23	4 of 4	2 of 2
	3rd	04/28/23	03/20/23	07/13/23	05/20/23	06/20/23	01/30/23	03/03/23	4 of 4	2 of 2
GRC	1st	04/18/23	04/03/23	06/13/23	05/06/23	06/04/23	01/30/23	02/15/23	4 of 4	2 of 2
	2nd	04/11/23	04/06/23	06/19/23	05/22/23	06/14/23	01/27/23	02/21/23	4 of 4	2 of 2
	3rd	04/29/23	04/16/23	06/08/23	05/14/23	06/30/23	01/28/23	02/13/23	4 of 4	2 of 2
AH/IV/FH	1st	04/21/23	03/08/23	06/15/23	05/19/23	06/15/23	01/05/23	02/03/23	4 of 4	2 of 2
	2nd	04/28/23	03/24/23	10/15/23	05/26/23	06/25/23	01/19/23	02/10/23	4 of 4	2 of 2
Administration	One Shift	12/13/23	08/24/23	12/08/23	12/20/23	12/08/23	08/24/23	12/13/23	4 of 4	NA
Broadway	One Shift	02/08/23	02/08/23	05/17/23	05/17/23	06/14/23	06/28/23	06/28/23	4 of 4	2 of 2

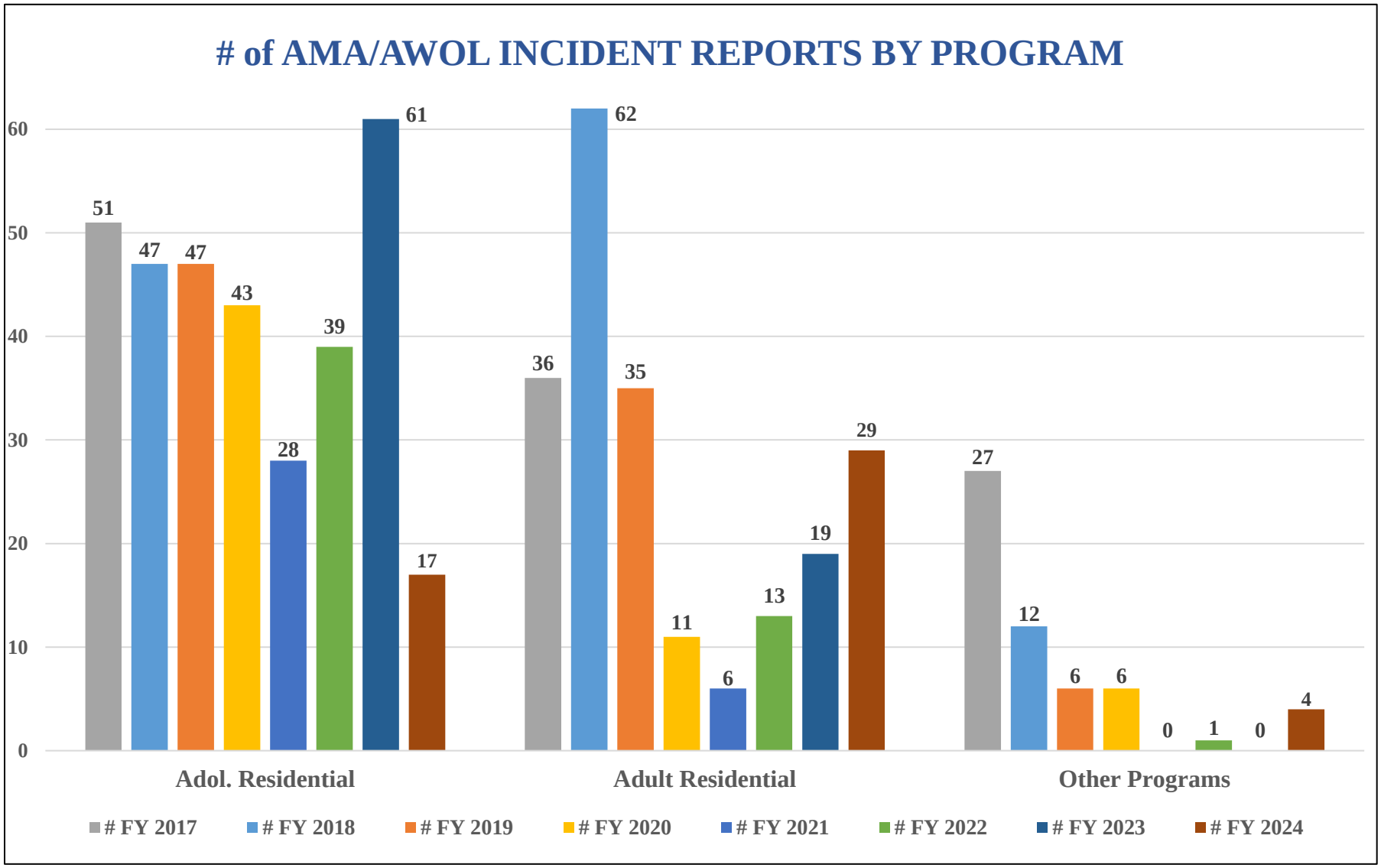
Environmental Safety Inspections – 2023

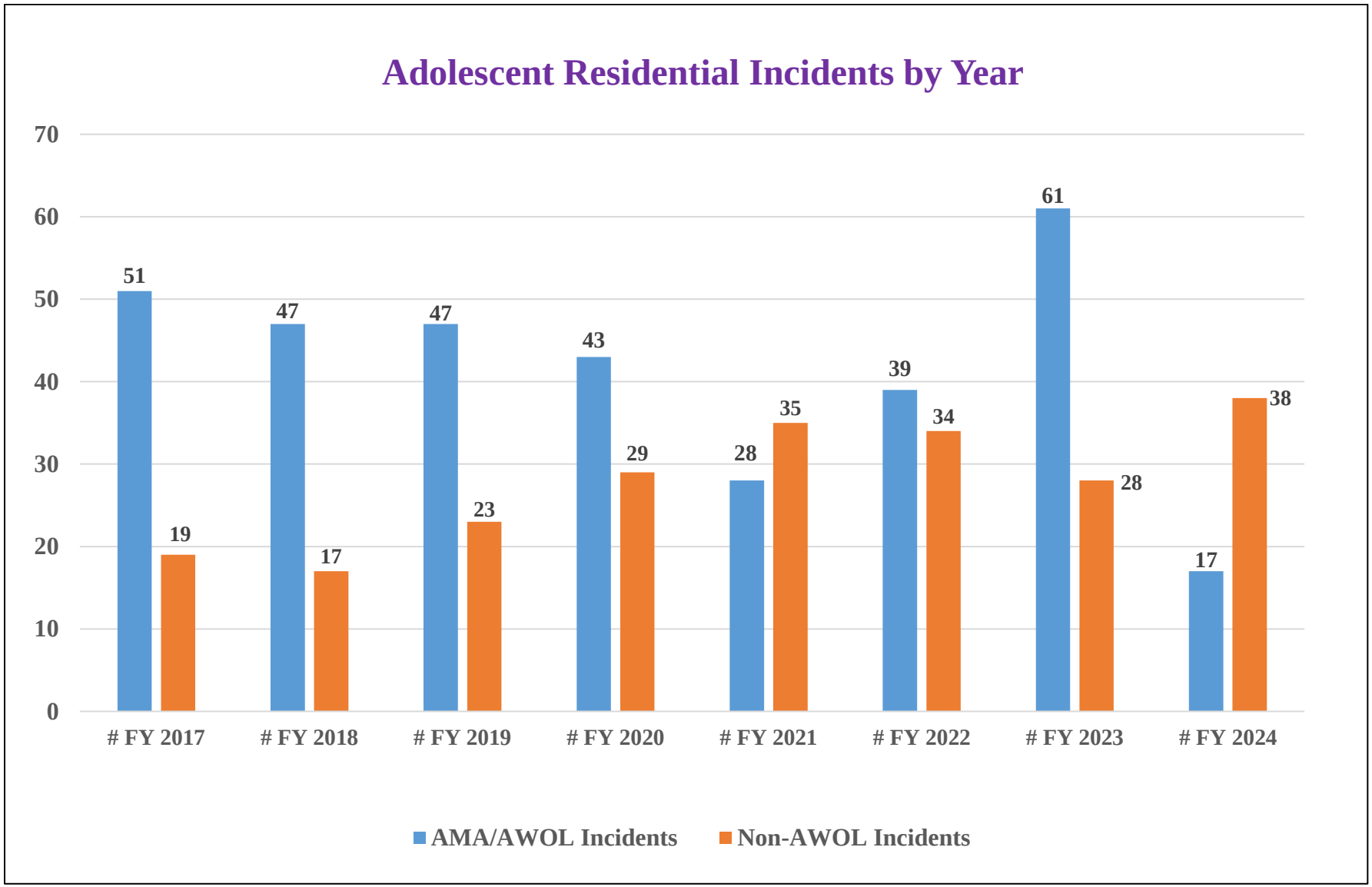
Facility	Shift	Quarters 1 to 4	Facility	Shift	Quarters 1 to 4
Stockton	Shift 1	4 of 4	**BRC** Steve Bauer	Shift 1	4 of 4
	Shift 2	4 of 4		Shift 2	4 of 4
	Shift 3	4 of 4		Shift 3	4 of 4
Detox	Shift 1	4 of 4	**GRC** Steve Bauer	Shift 1	4 of 4
	Shift 2	4 of 4		Shift 2	4 of 4
Annex	One Shift	4 of 4		Shift 3	4 of 4
Administration	One Shift	4 of 4	**AH/IV/FH** Joann Telfair	Shift 1	4 of 4
Lexington - PSC	One Shift	4 of 4		Shift 2	4 of 4
Broadway	One Shift	4 of 4			

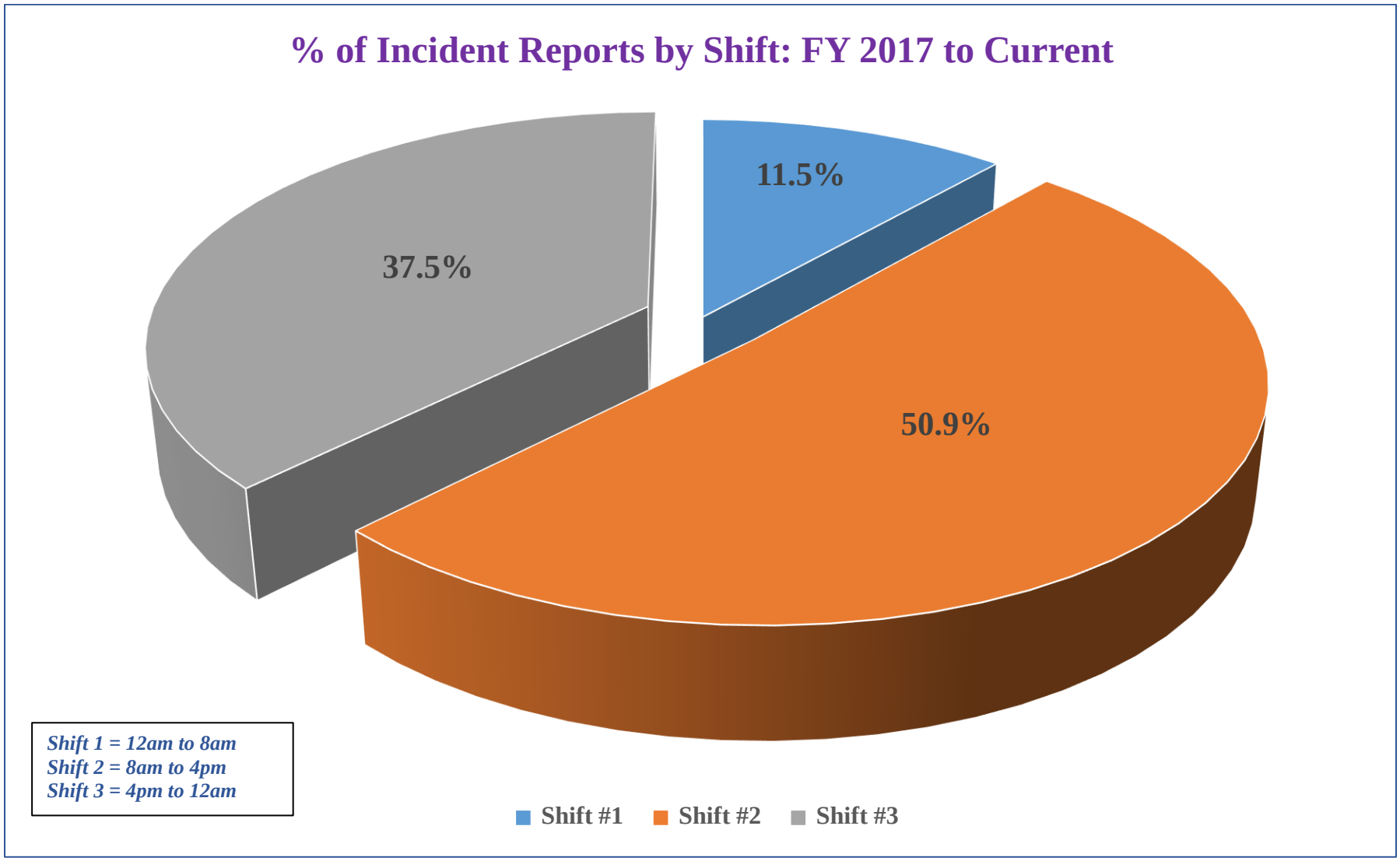
GATEWAY ANNUAL PERFORMANCE MANAGEMENT REPORT – FY 2024

Noel Orona and MW Bennett

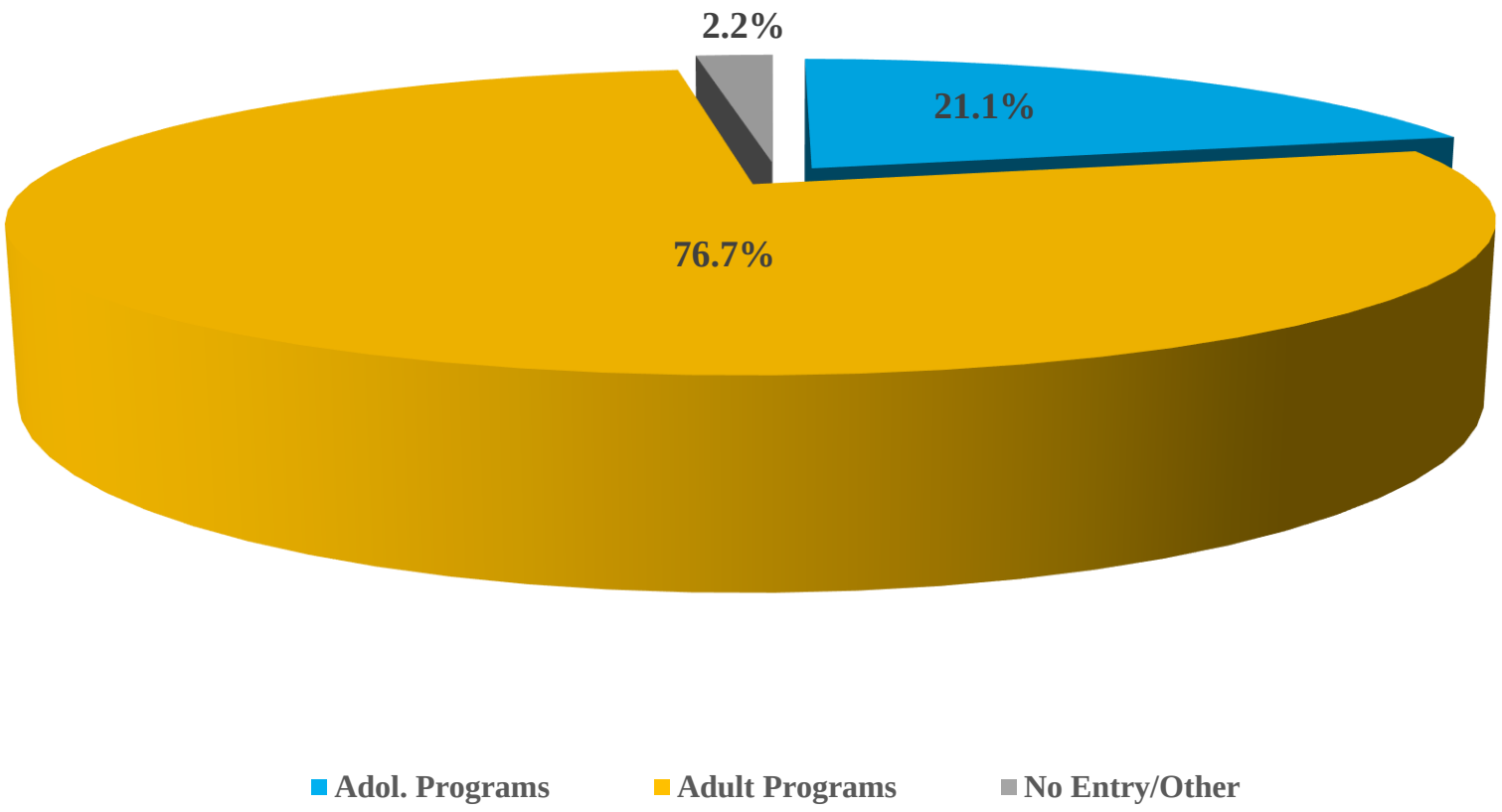

Total # of Incident Reports by Year
400
350
300
250
200
150
100
50
0
298
289
376
355
282
296
380
369
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024

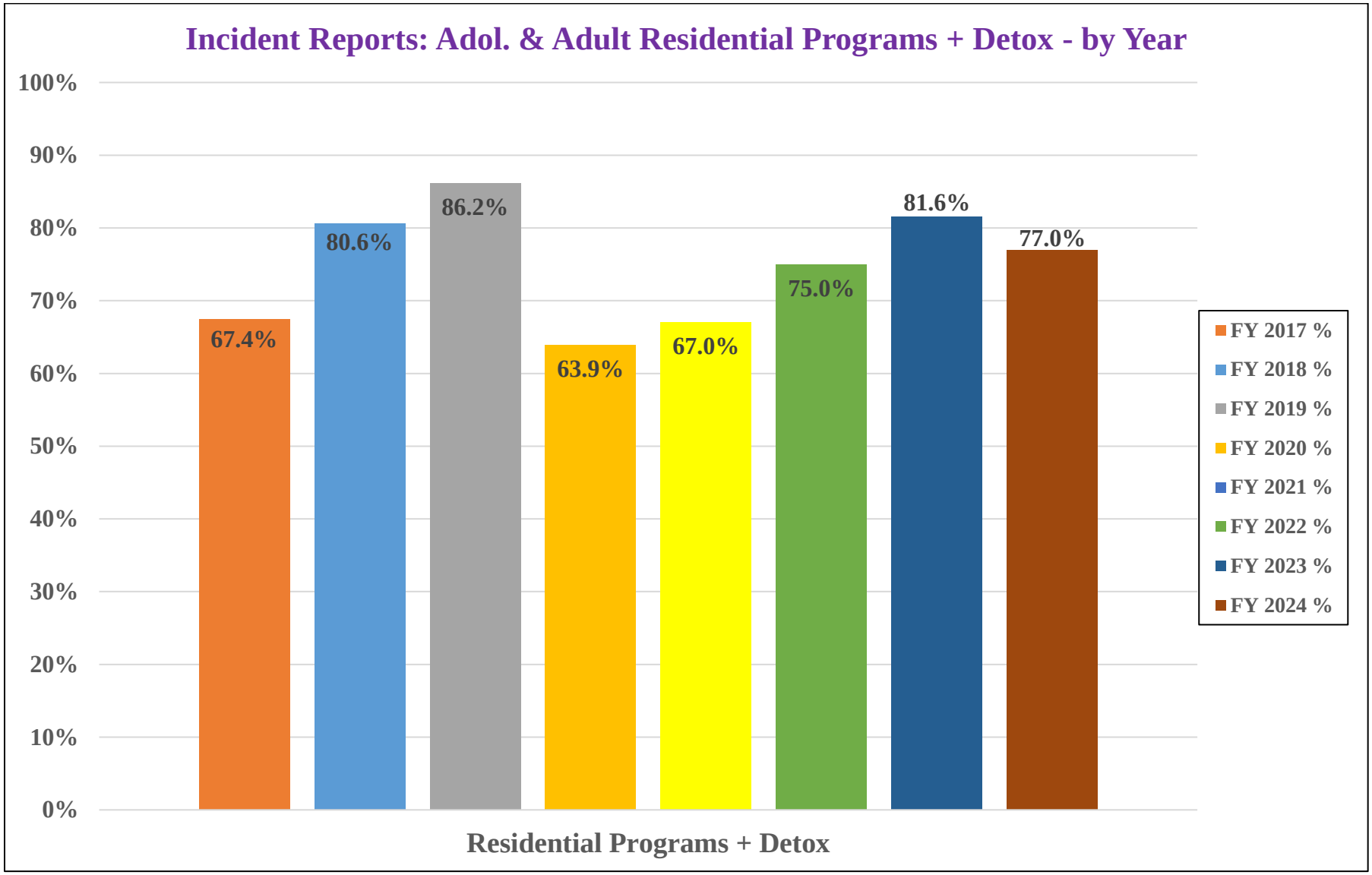

# of AMA/AWOL INCIDENT REPORTS BY PROGRAM
60
50
40
30
20
10
0
51
47
47
43
28
39
61
17
36
62
35
11
6
13
19
29
27
12
6
6
0
1
0
4
Adol. Residential
Adult Residential
Other Programs
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024

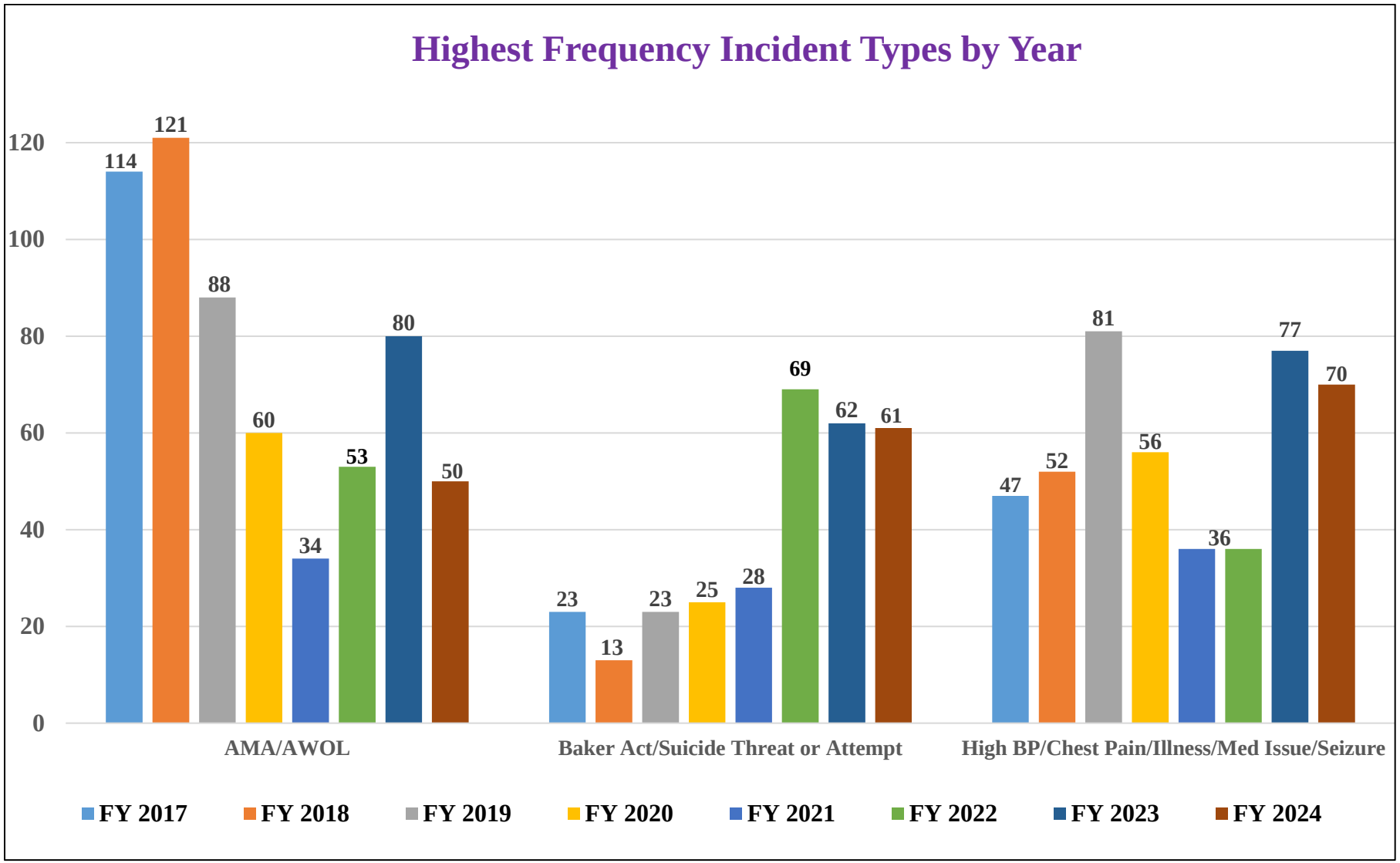

Adolescent Residential Incidents by Year
70
60
50
40
30
20
10
0
51
19
47
17
47
23
43
29
28
35
39
34
61
28
17
38
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024
AMA/AWOL Incidents
Non-AWOL Incidents

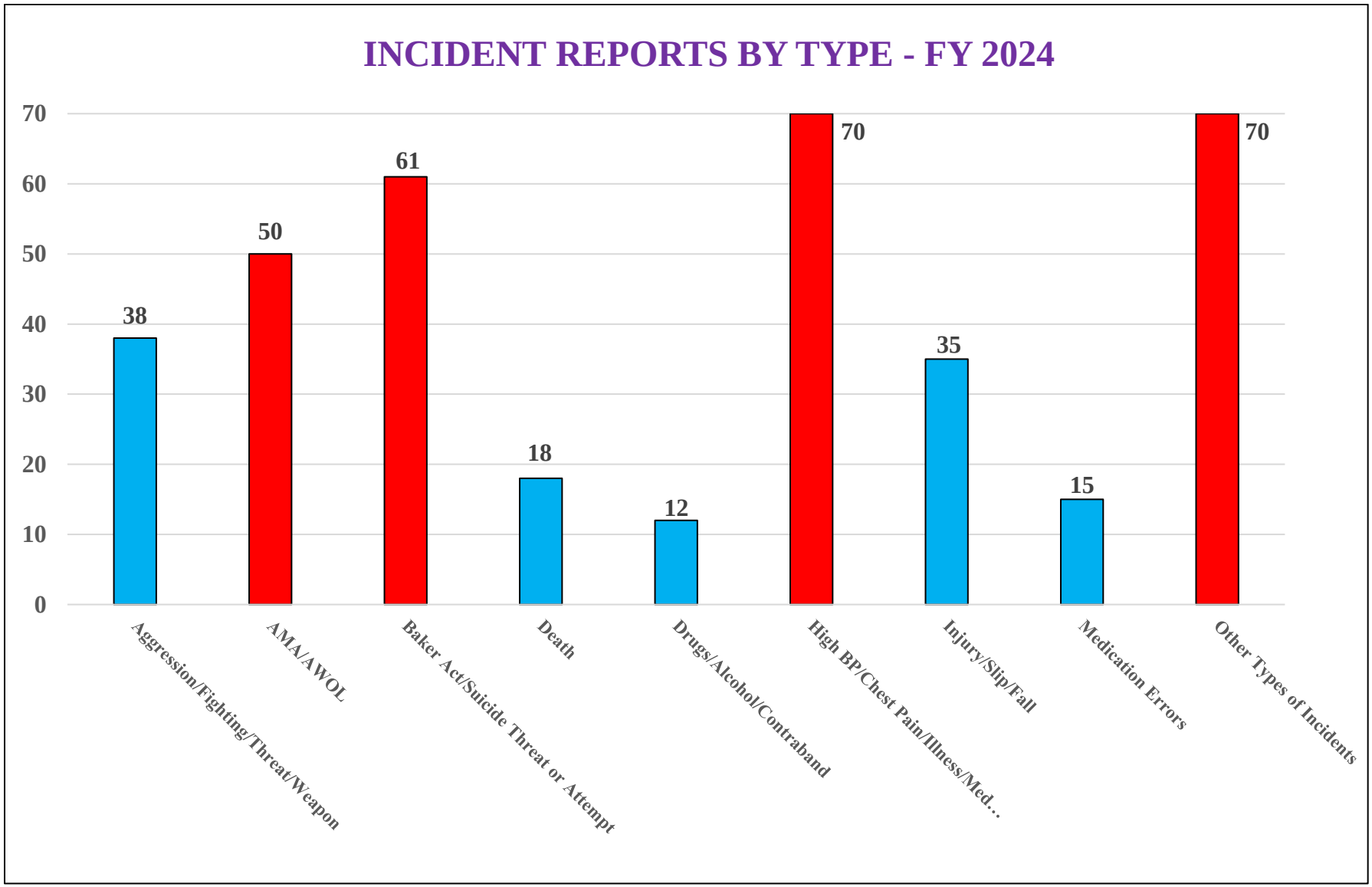

% of Incident Reports by Shift: FY 2017 to Current
11.5%
50.9%
37.5%
Shift 1 = 12am to 8am
Shift 2 = 8am to 4pm
Shift 3 = 4pm to 12am
Shift #1
Shift #2
Shift #3

ADOLESCENT vs. ADULT PROGRAM INCIDENT REPORTS (FY 2017 to Current)



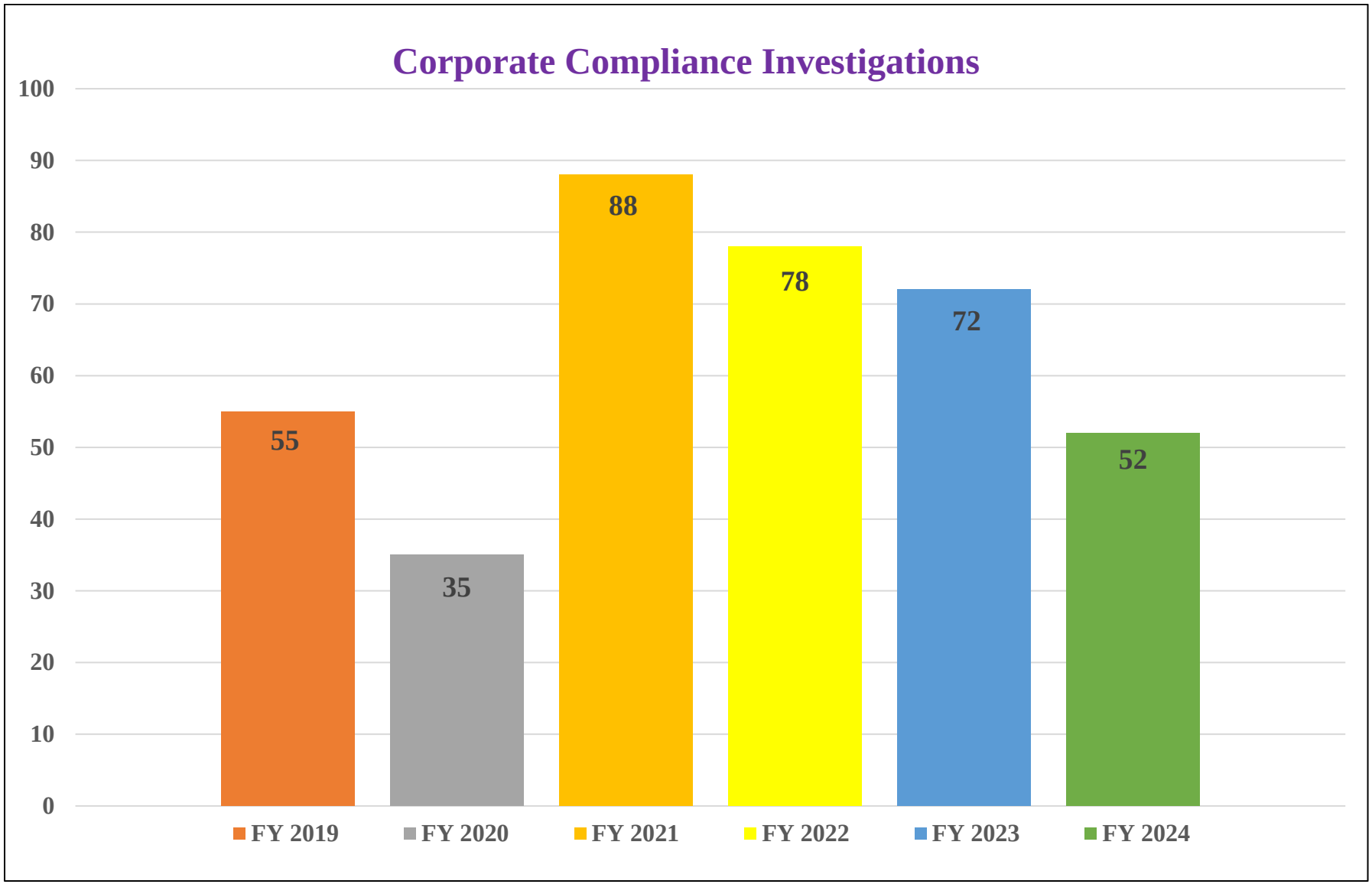

Incident Reports: Adol. & Adult Residential Programs + Detox - by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
67.4%
80.6%
86.2%
63.9%
67.0%
75.0%
81.6%
77.0%
FY 2017 %
FY 2018 %
FY 2019 %
FY 2020 %
FY 2021 %
FY 2022 %
FY 2023 %
FY 2024 %
Residential Programs + Detox


Highest Frequency Incident Types by Year
120
100
80
60
40
20
0
114
121
88
60
34
53
80
50
23
13
23
25
28
69
62
61
47
52
81
56
36
77
70
AMA/AWOL
Baker Act/Suicide Threat or Attempt
High BP/Chest Pain/Illness/Med Issue/Seizure
FY 2017
FY 2018
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024


INCIDENT REPORTS BY TYPE - FY 2024
70
60
50
40
30
20
10
0
38
50
61
18
12
70
35
15
70
Aggression/Fighting/Threat/Weapon
AMA/AWOL
Baker Act/Suicide Threat or Attempt
Death
Drugs/Alcohol/Contraband
High BP/Chest Pain/Illness/Med…
Injury/Slip/Fall
Medication Errors
Other Types of Incidents

FY 2024 - PATIENT DEATHS

Report #	Date Occurred	Program of Incident	Incident Classification	Cause of Death
1075	07/14/23	Independence Village	Death	Suicide
1079	07/05/23	Adult Residential	Death	Homicide
1084	07/05/23	Adult Outpatient	Death	Diabetes Complications
1105	08/04/23	Adult Outpatient	Death	Heart Disease
1112	08/08/23	PSL	Death	Overdose
1122	08/11/23	PSL	Death	*Unknown*
1165	09/08/23	Adult Outpatient	Death	Overdose
1175	09/10/23	PSL	Death	Endocarditis
1178	09/15/23	Independence Village	Death	*Unknown*
1211	09/21/23	Stabilization	Death	Heart Disease
1240	10/06/23	Medical Services	Death	Overdose
1250	10/11/23	PSL	Death	Overdose
1387	01/16/24	Adult Assessment	Death	Heart Disease
1424	02/12/24	Independence Village	Death	*Unknown*
1486	02/16/24	Adult Outpatient	Death	Overdose
1614	05/08/24	PSL	Death	Overdose
1621	05/13/24	PSL	Death	Medical Complications
1729	06/23/24	PSL	Death	Stroke Following Overdose

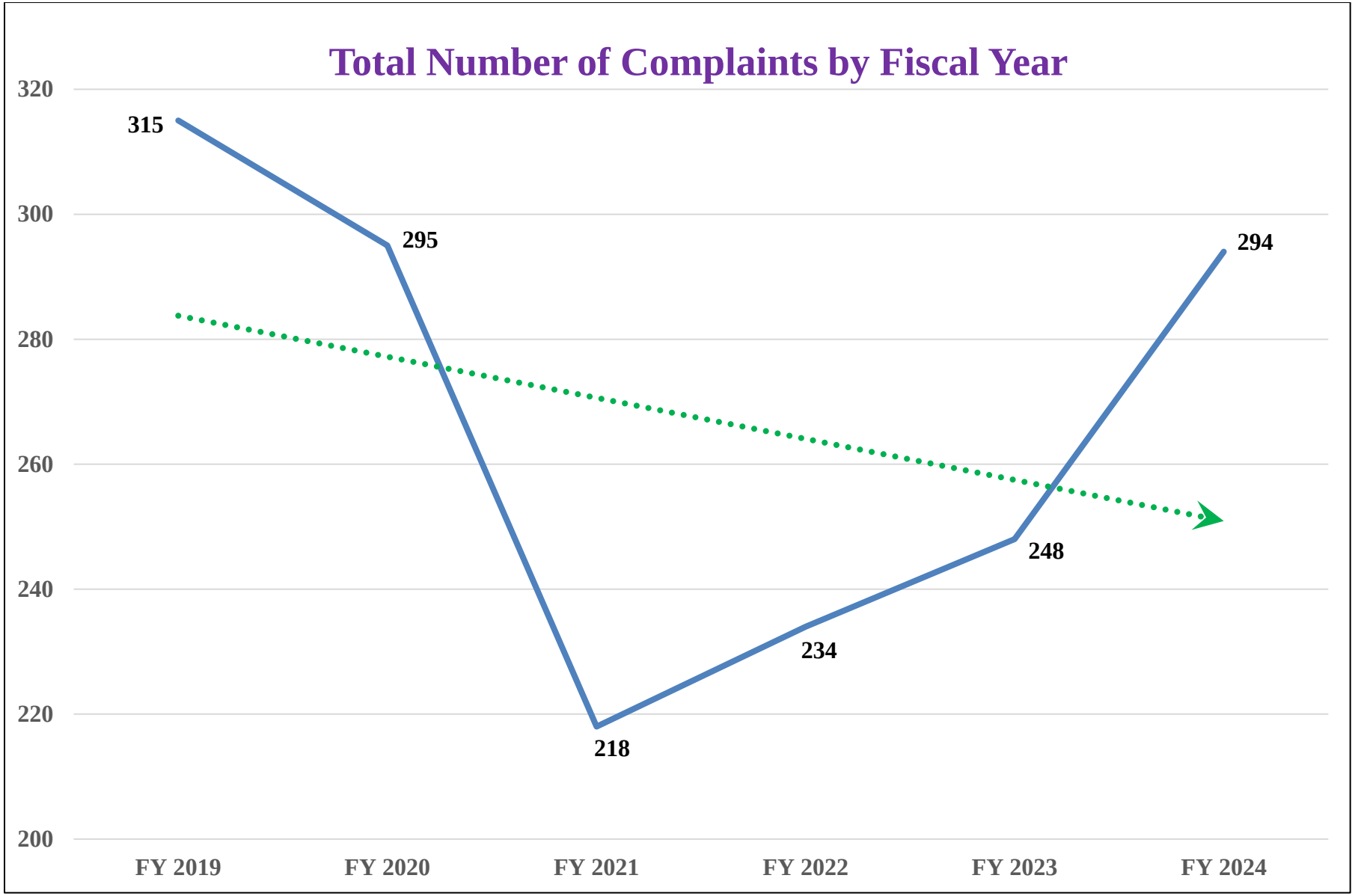

Corporate Compliance Investigations
100
90
80
70
60
50
40
30
20
10
0
55
35
88
78
72
52
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024

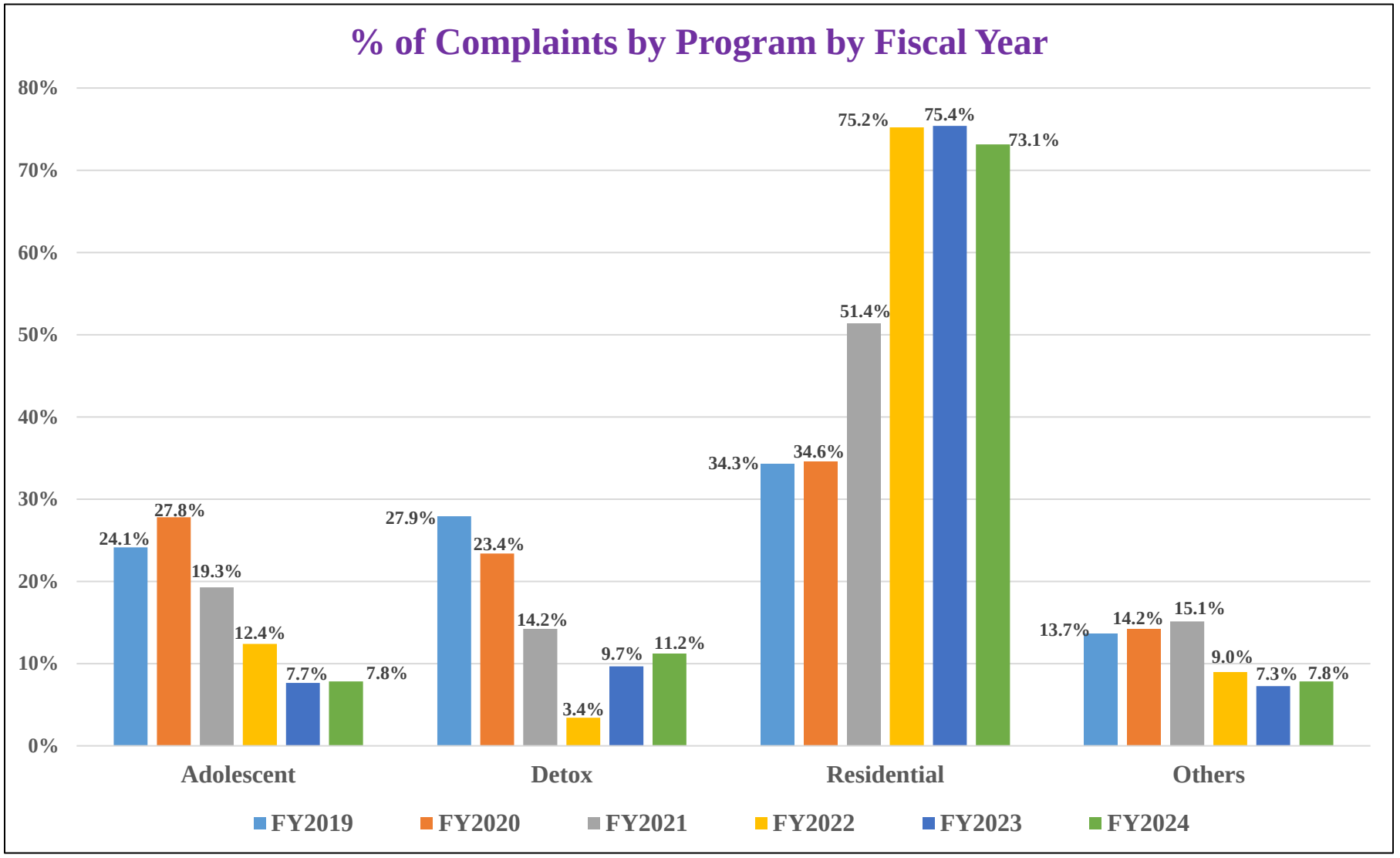
PATIENT COMPLAINTS

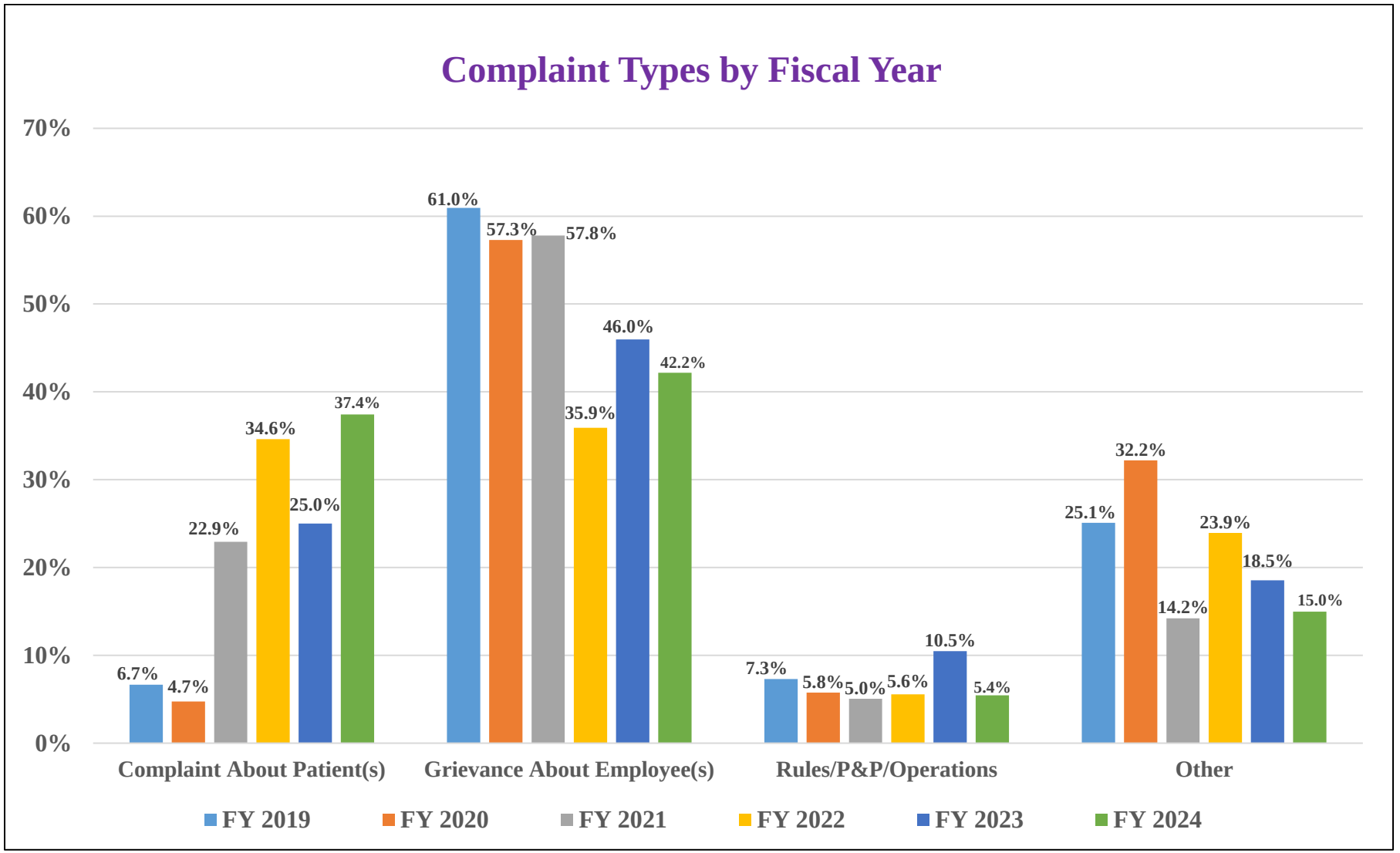
PATIENT SUGGESTIONS

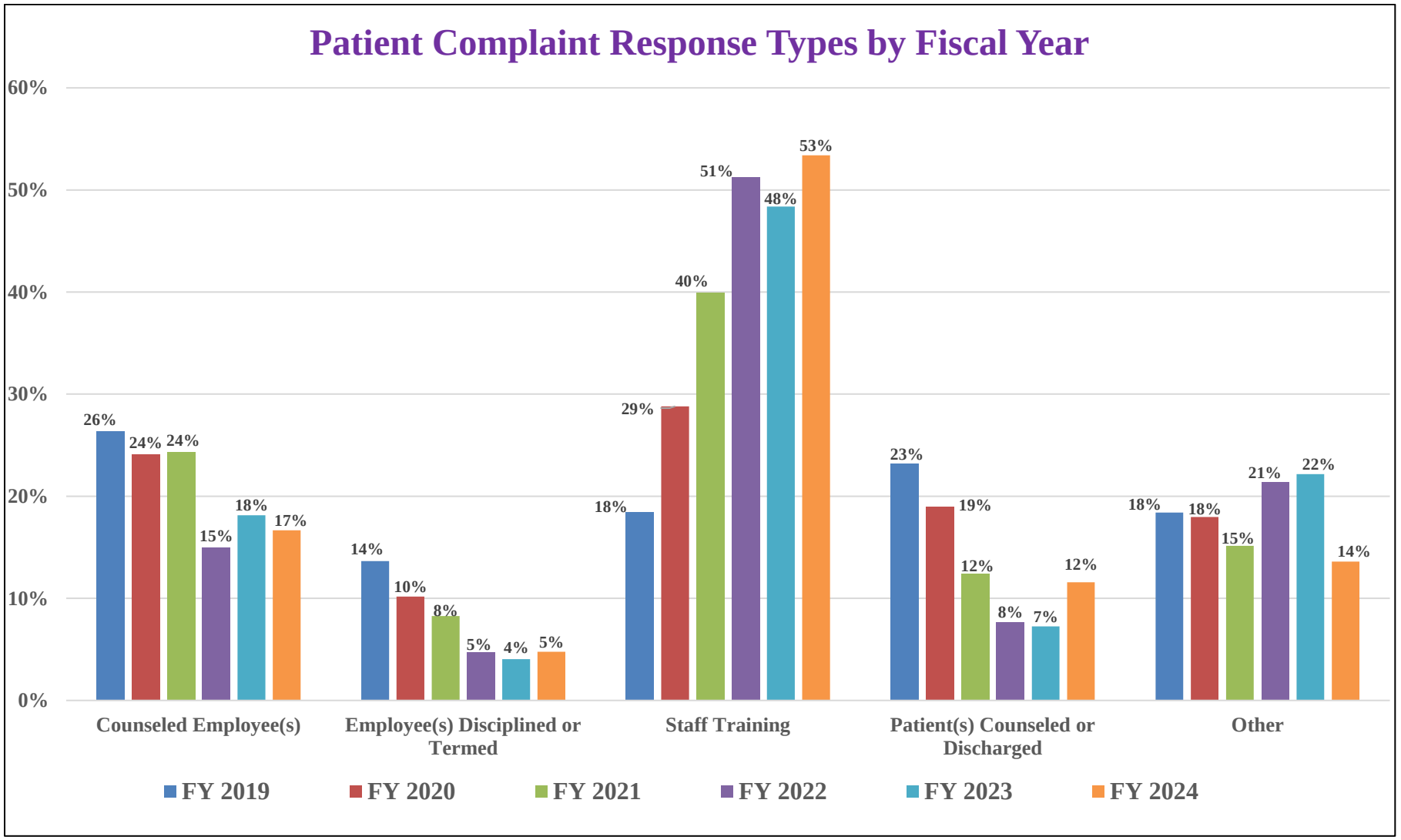
and

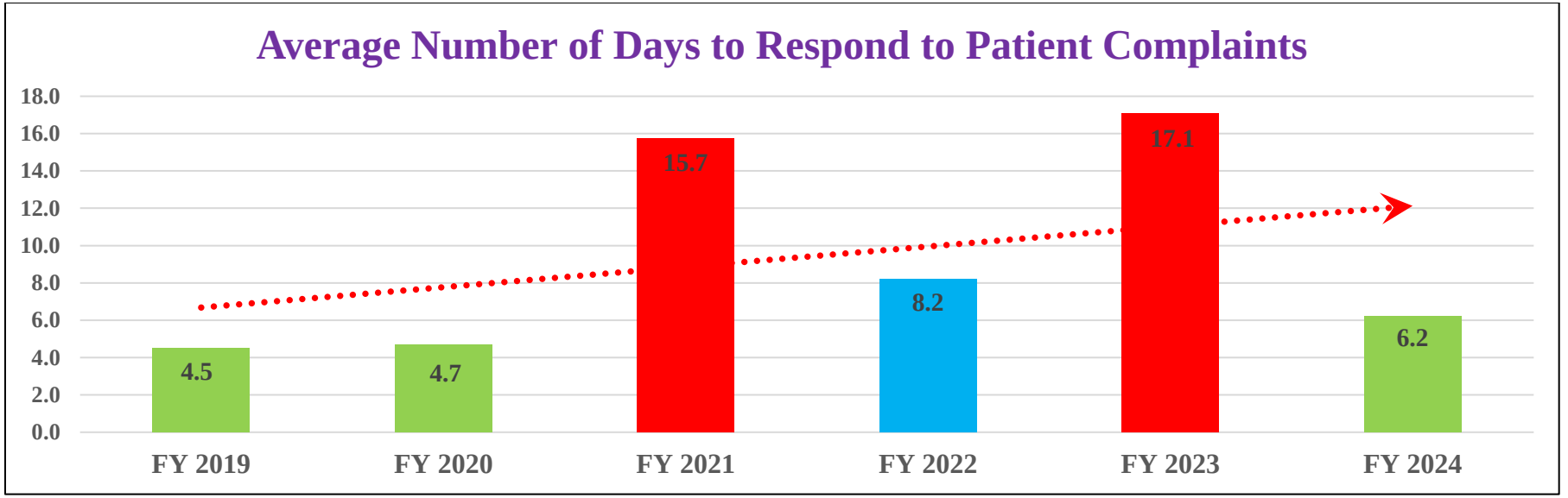
PATIENT PRAISE REPORTS

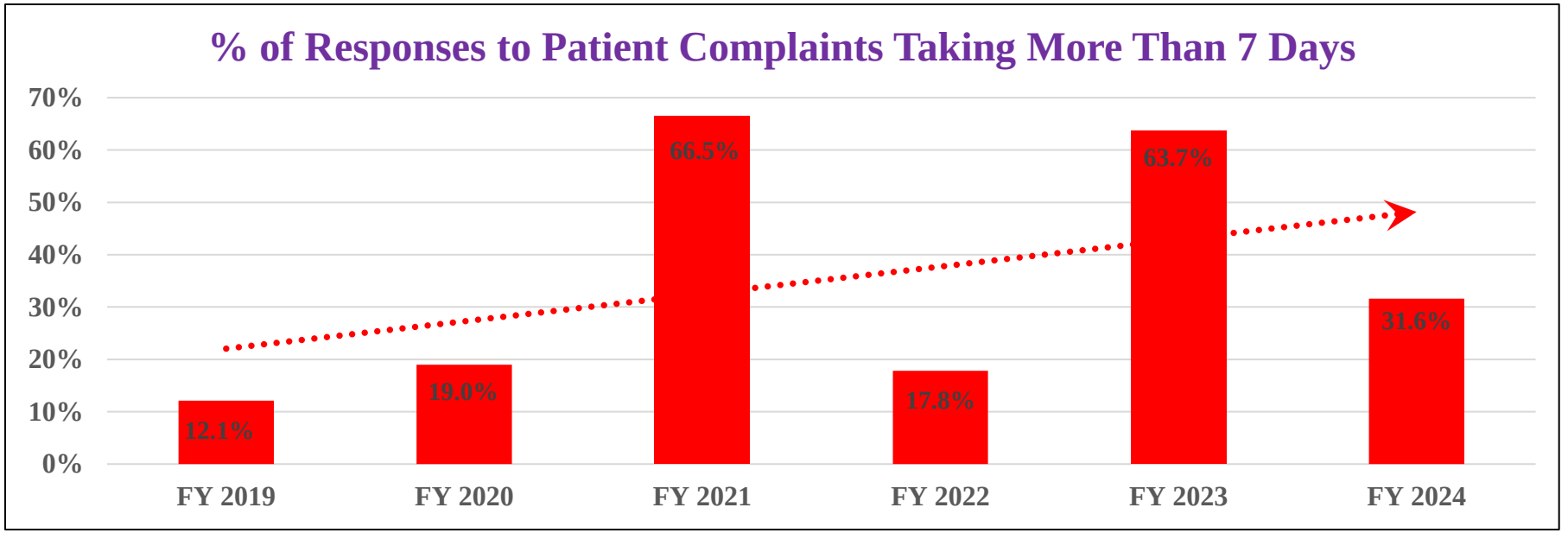

Total Number of Complaints by Fiscal Year
320
300
280
260
240
220
200
315
295
218
234
248
294
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024

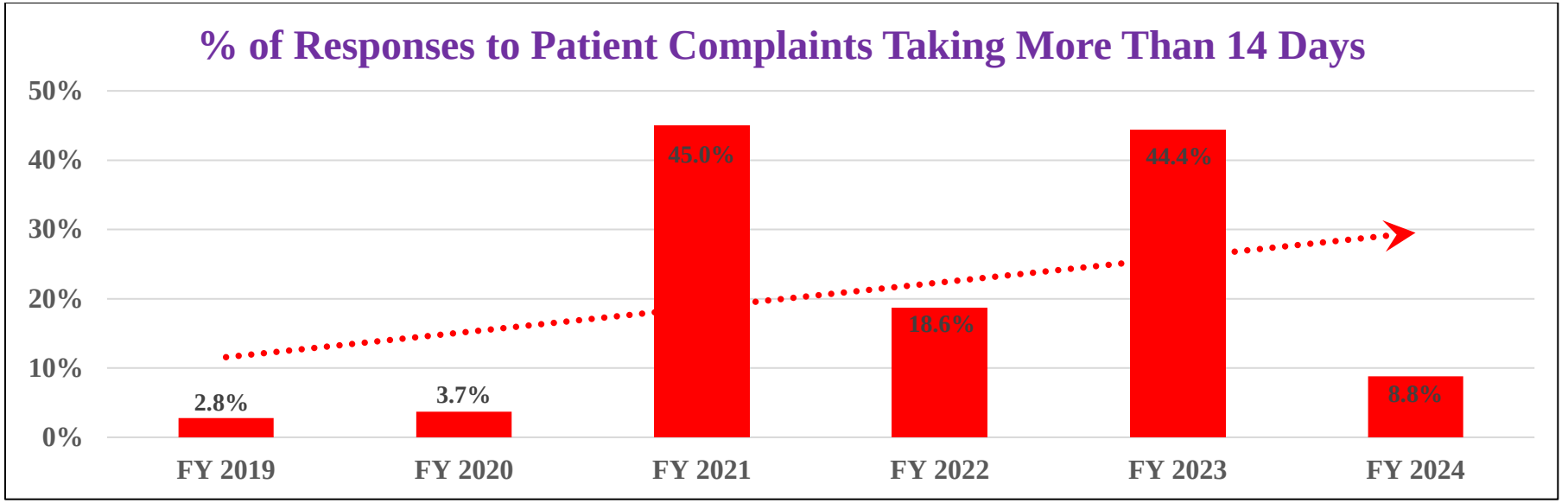

% of Complaints by Program by Fiscal Year
80%
70%
60%
50%
40%
30%
20%
10%
0%
24.1%
27.8%
19.3%
12.4%
7.7%
7.8%
27.9%
23.4%
14.2%
3.4%
9.7%
11.2%
34.3%
34.6%
51.4%
75.2%
75.4%
73.1%
13.7%
14.2%
15.1%
9.0%
7.3%
7.8%
Adolescent
Detox
Residential
Others
FY2019
FY2020
FY2021
FY2022
FY2023
FY2024

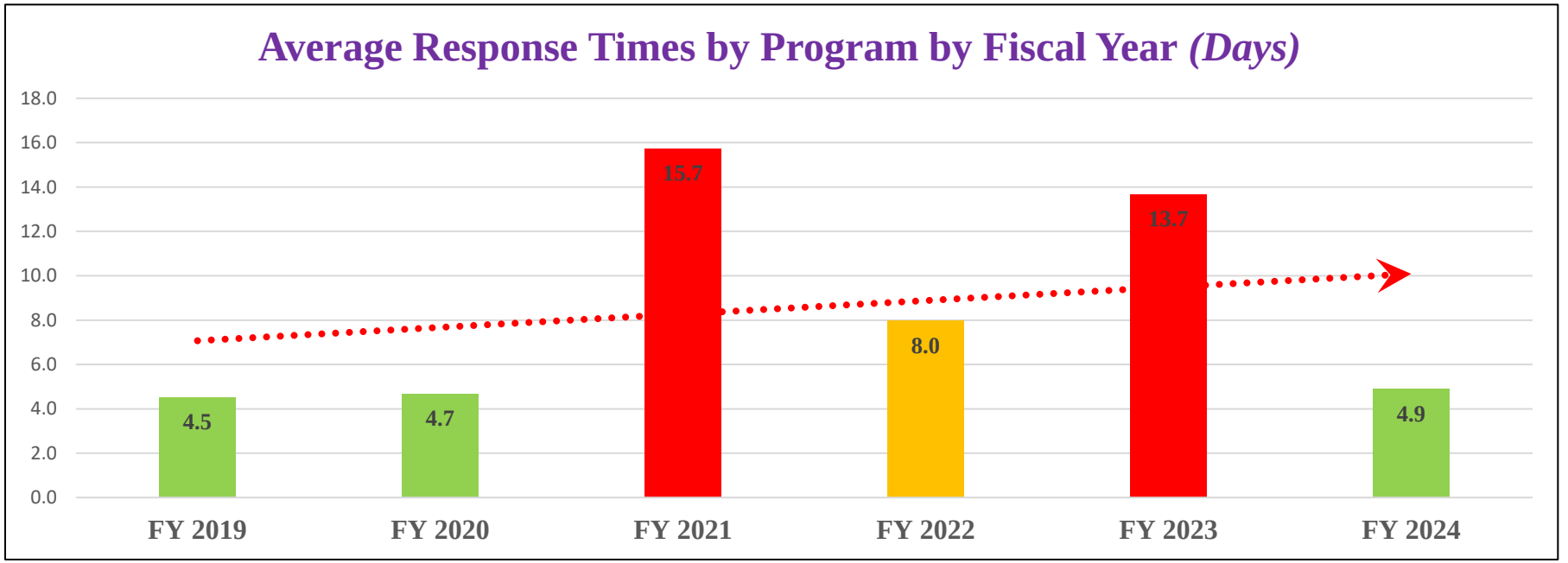

Complaint Types by Fiscal Year
70%
60%
50%
40%
30%
20%
10%
0%
6.7%
4.7%
22.9%
34.6%
25.0%
37.4%
61.0%
57.3%
57.8%
35.9%
46.0%
42.2%
7.3%
5.8%
5.0%
5.6%
10.5%
5.4%
25.1%
32.2%
14.2%
23.9%
18.5%
15.0%
Complaint About Patient(s)
Grievance About Employee(s)
Rules/P&P/Operations
Other
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024


Patient Complaint Response Types by Fiscal Year
60%
50%
40%
30%
20%
10%
0%
26%
24%
24%
15%
18%
17%
14%
10%
8%
5%
4%
5%
18%
29%
40%
51%
48%
53%
23%
19%
12%
8%
7%
12%
18%
18%
15%
21%
22%
14%
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
FY 2024

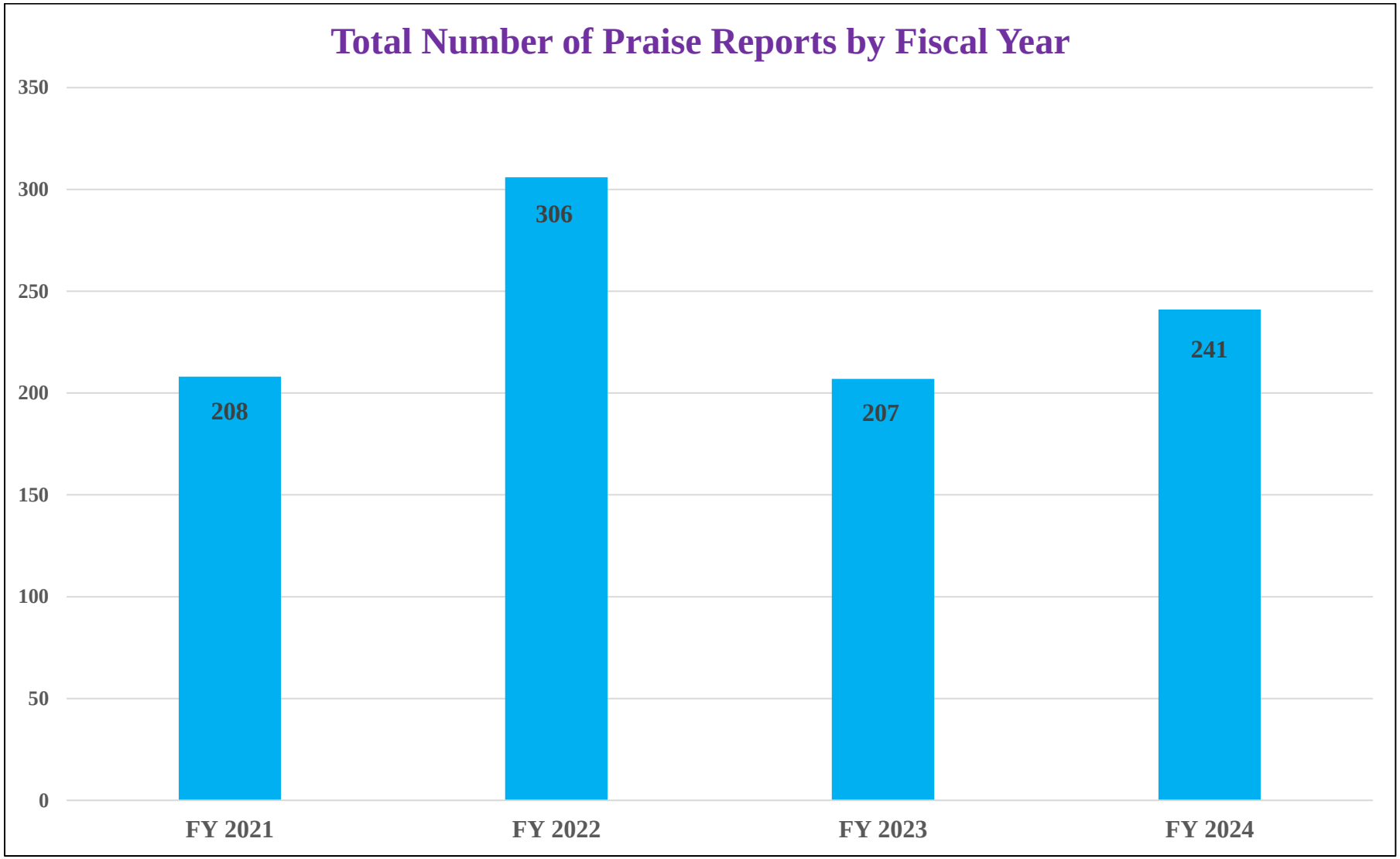

Average Number of Days to Respond to Patient Complaints
18.0
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
4.5
4.7
15.7
8.2
17.1
6.2
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024

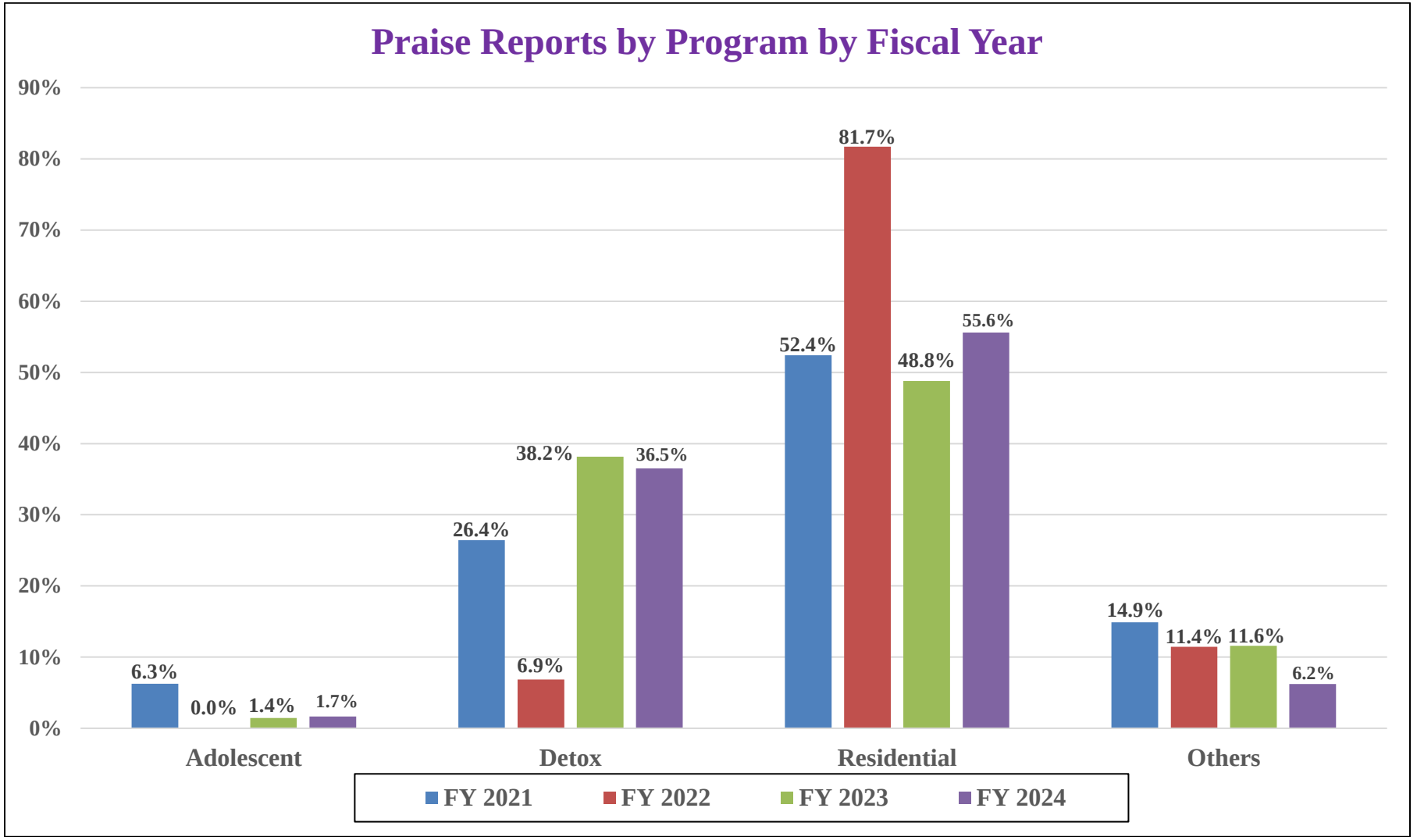

% of Responses to Patient Complaints Taking More Than 7 Days
70%
60%
50%
40%
30%
20%
10%
0%
12.1%
19.0%
66.5%
17.8%
63.7%
31.6%
FY 2019
FY 2020
FY 2021
FY 2022
FY 2023
FY 2024

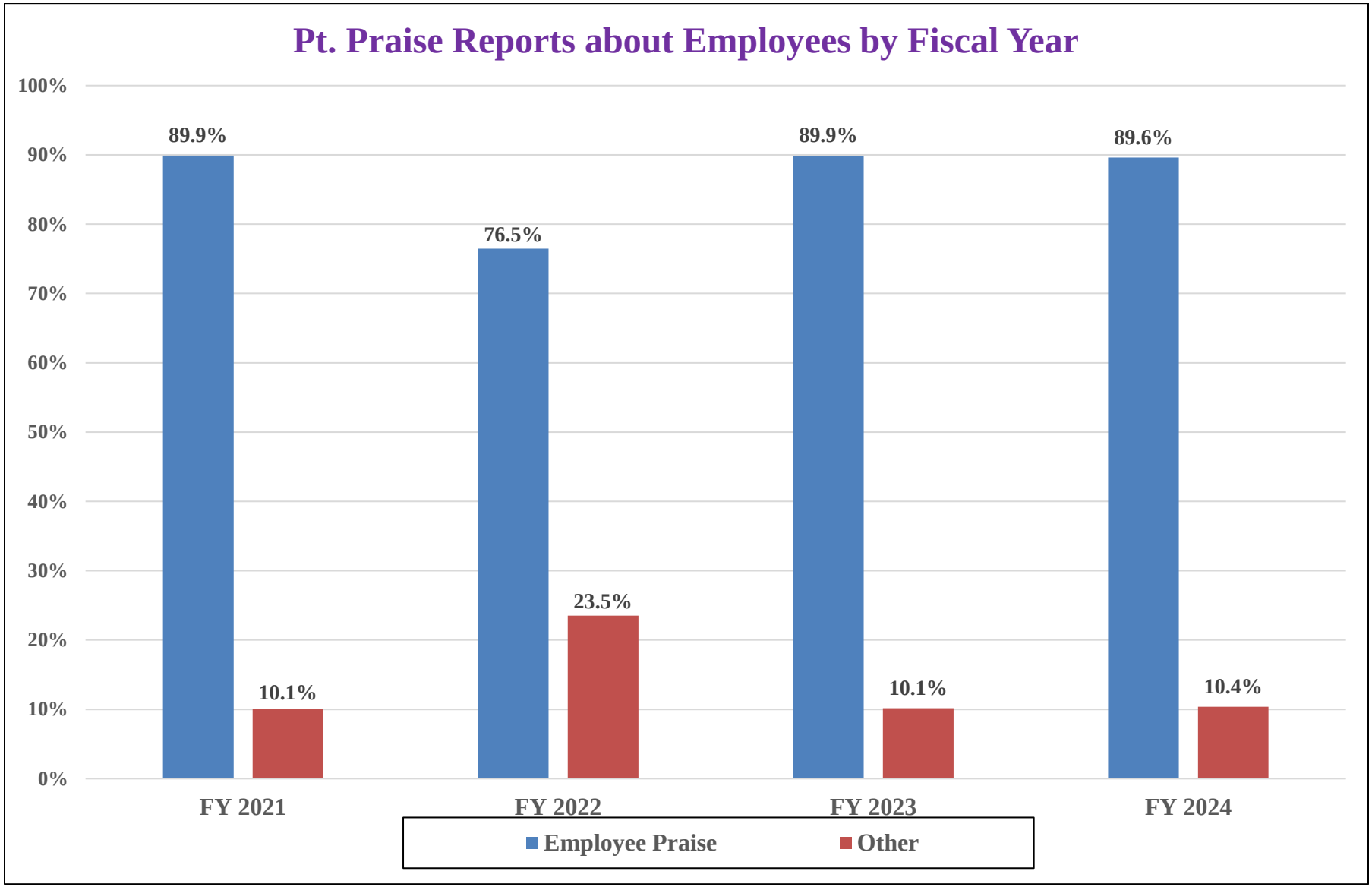




*Other programs include: Aftercare, RBS, TRH, Adult OP, AH-IV-FH, etc. –**Target: ≤ 7 days.***


Total Number of Praise Reports by Fiscal Year
350
300
250
200
150
100
50
0
208
306
207
241
FY 2021
FY 2022
FY 2023
FY 2024


Praise Reports by Program by Fiscal Year
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
6.3%
0.0%
1.4%
1.7%
26.4%
6.9%
38.2%
36.5%
52.4%
81.7%
48.8%
55.6%
14.9%
11.4%
11.6%
6.2%
Adolescent
Detox
Residential
Others
FY 2021
FY 2022
FY 2023
FY 2024


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%
89.6%
10.4%
FY 2021
FY 2022
FY 2023
FY 2024
Employee Praise
Other

Christina Seim, Clinical Training Manager

Relias Courses Completed

07/01/2023 through 06/30/2024

- **7,513 Training Courses Completed**
- **8,672.6 Training Hours Completed**

GATEWAY PATIENT OUTCOMES FOLLOWING DISCHARGE

POST DISCHARGE PATIENT SURVEY RESULTS	FY 2021	FY 2022	FY 2023	FY 2024
# of Completed Responses	155	193	243	342
% Reporting satisfaction with the services they received…	86.5%	80.7%	91.4%	87.0%
% Reporting that services were helpful in achieving their goals…	72.3%	66.0%	77.5%	73.7%
% Reporting being confident in their ability to remain clean & sober…	63.9%	68.0%	83.1%	78.2%
% Reporting no alcohol or drug use in the last 30 days…	83.9%	73.3%	86.8%	84.3%
% Reporting full- or part-time employment…	43.8%	52.7%	57.2%	50.8%
% Reporting *"excellent"* or *"great"* recovery progress…	50.9%	60.7%	69.1%	60.4%
% Reporting that they continue to attend AA, NA or other recovery meetings…	21.9%	54.7%	57.2%	54.1%
% Reporting that they have an AA/NA sponsor…	*Not Asked*	44.0%	47.7%	46.2%
% Reporting no arrests since entering treatment…	91.0%	85.3%	95.9%	93.4%

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

GATEWAY EMPLOYEE DATA

Measure	FY 2021	FY 2022	FY 2023	FY 2024
New Hires	106	130	102	126
Left Gateway	90	136	88	123
Average Turnover	30.0%	45.3%	35.2%	47.3%

New Hires	FY 2021	FY 2022	FY 2023	FY 2024
Female	78.3%	83.8%	71.0%	77.0%
Non-White	48.1%	55.4%	53.0%	60.3%

Reason Left	FY 2021	FY 2022	FY 2023	FY 2024
Resigned	75.8%	66.2%	81.6%	73.8%
Dismissed	19.8%	19.1%	18.4%	26.2%
Other	4.4%	14.7%	NA	NA

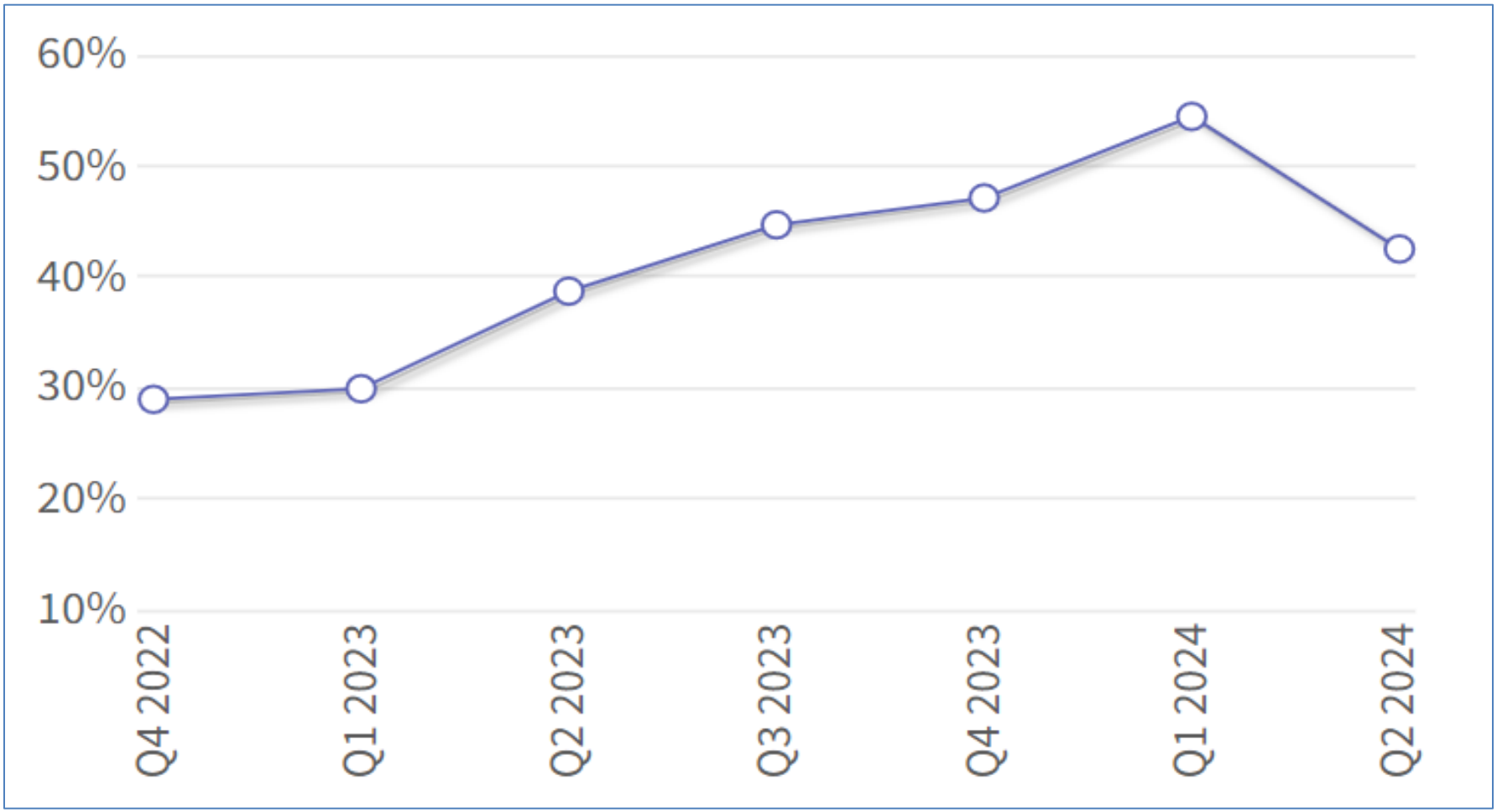
GATEWAY EMPLOYEE DATA on 06/30/2024

Employees	Number	Percentage
White	113	46.5%
Non-White	130	53.5%

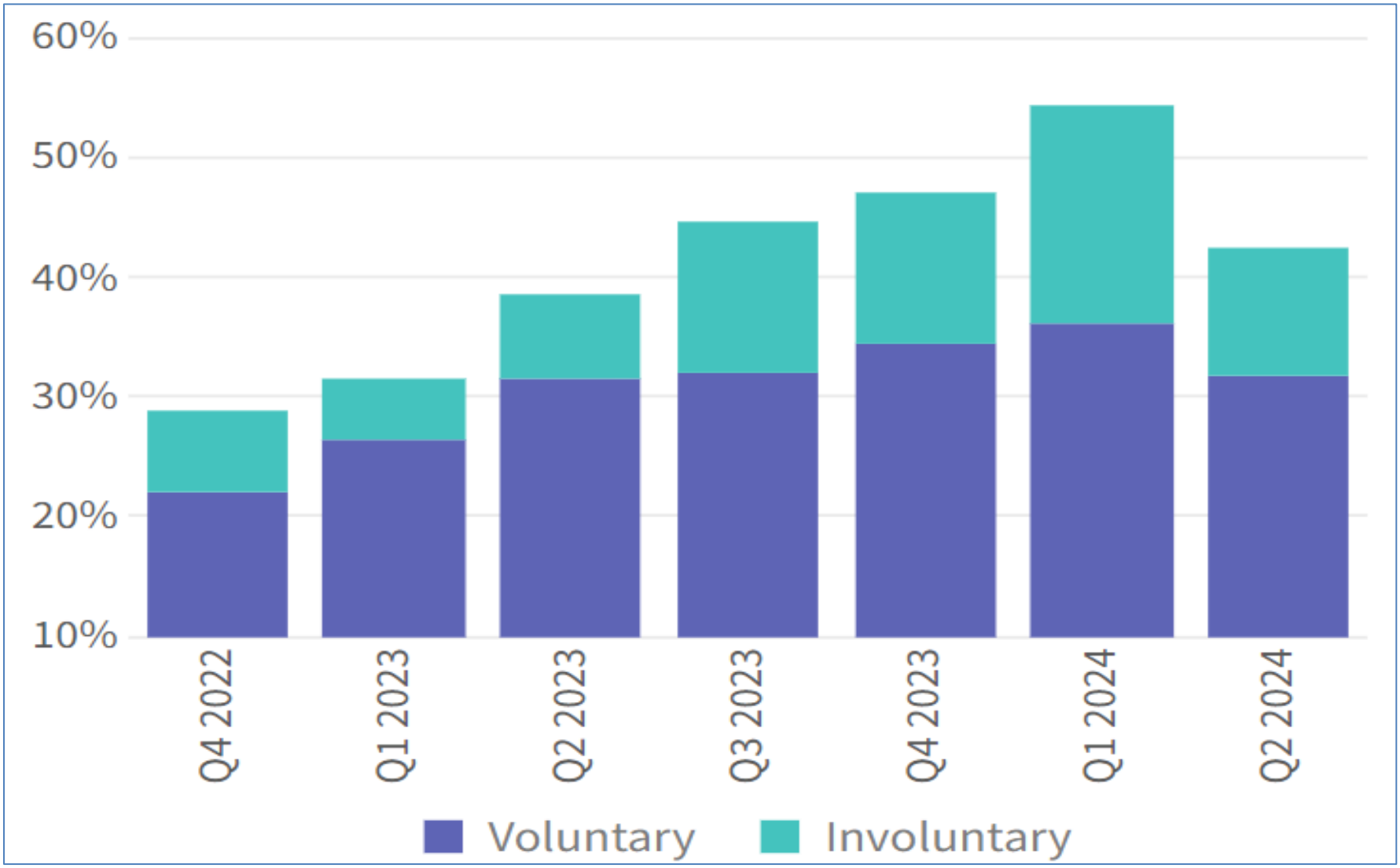
Female	173	71.2%
Male	70	28.8%

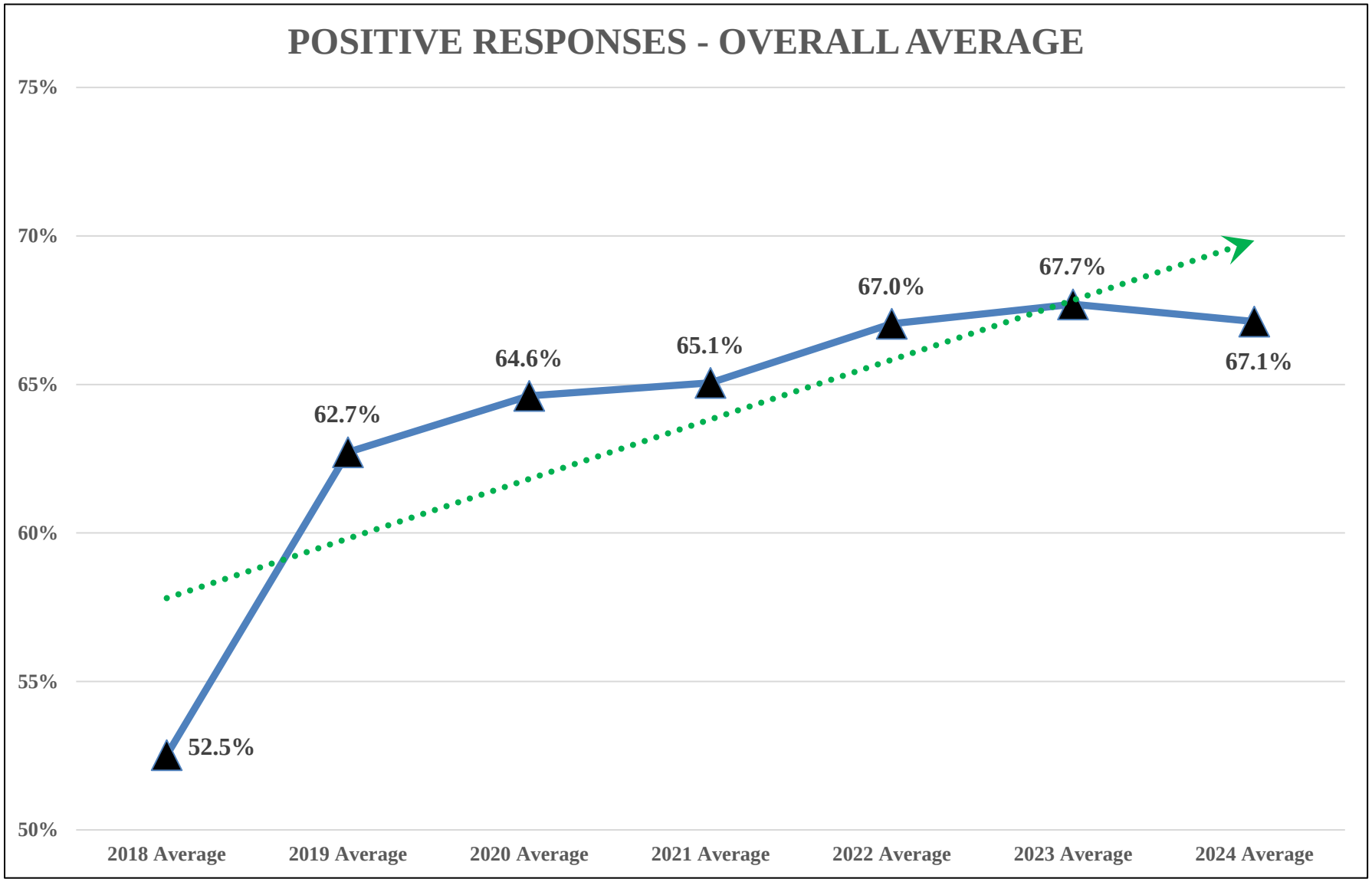
Full Time	215	88.5%
Part Time	11	4.5%
PRN	17	7.0%
Total # Employees	243	100.0%

EMPLOYEE TURNOVER



VOLUNTARY vs. INVOLUNTARY EMPLOYEE TURNOVER





(Note: Culture Amp was utilized to survey employee satisfaction in 2023.)

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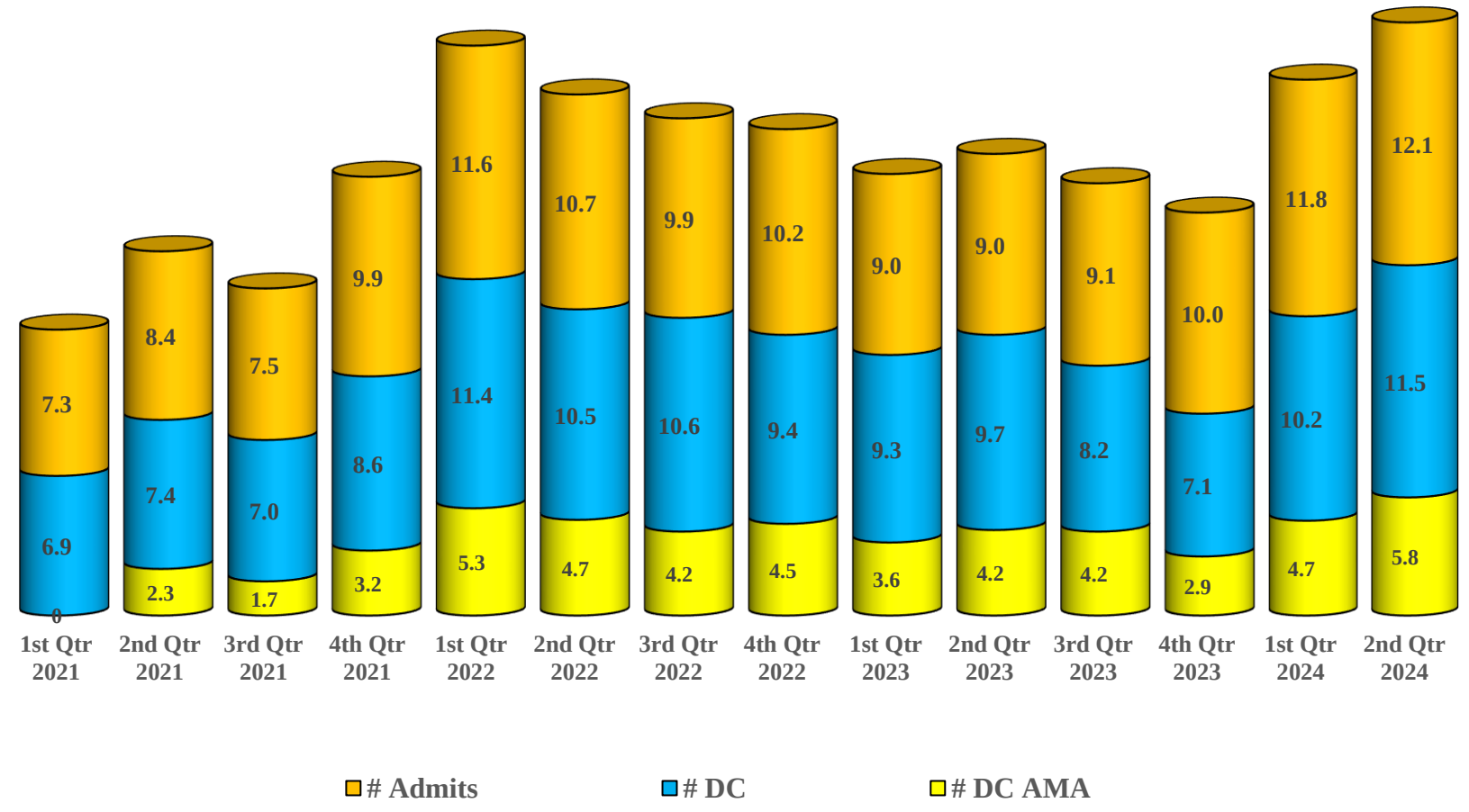
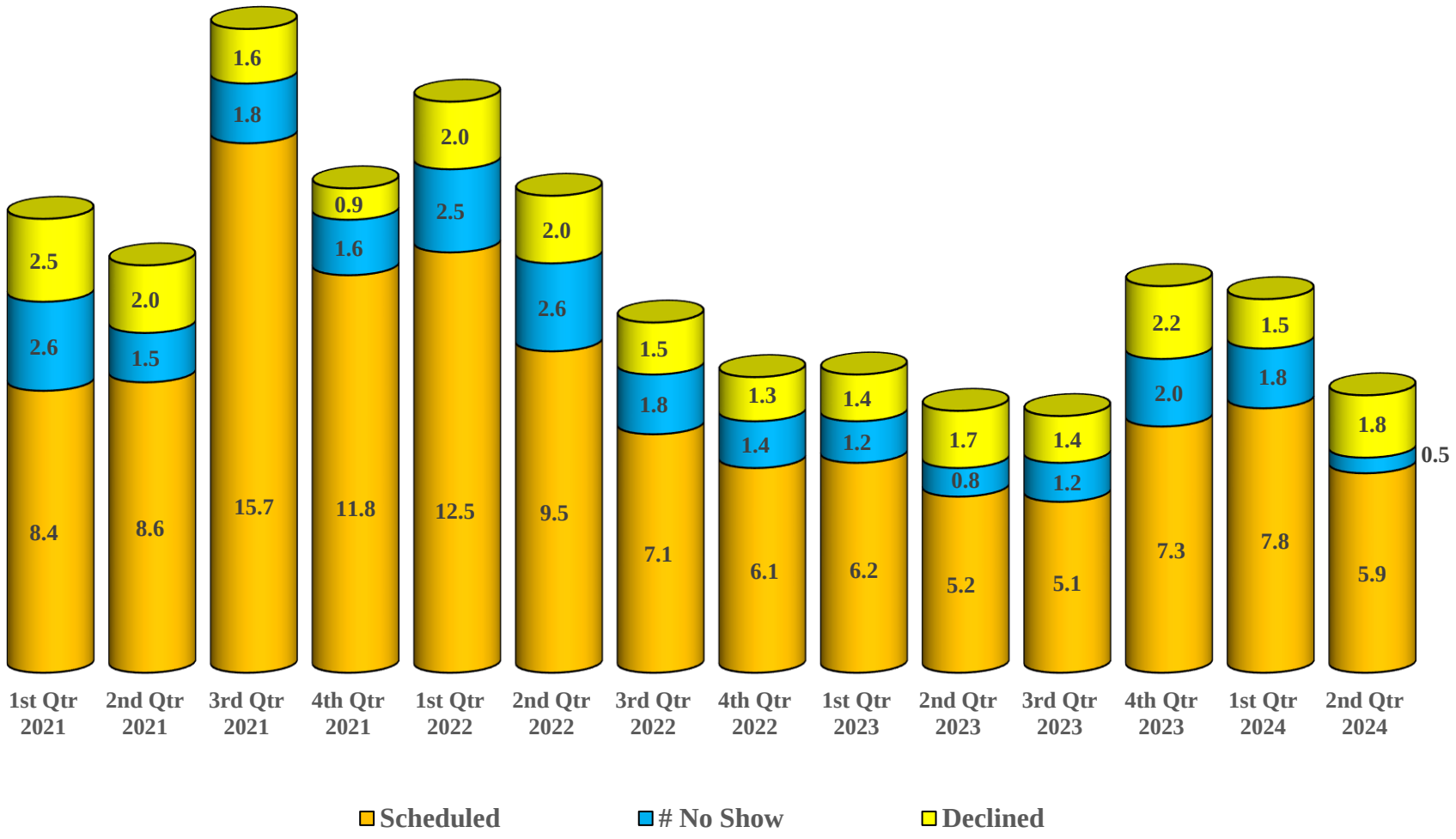
# of Responses:	18	15	13	40	17	23	19	145
Question:	**2018 Average**	**2019 Average**	**2020 Average**	**2021 Average**	**2022 Average**	**2023 Average**	**2024 Average**	**Averages**
How likely is it that you will recommend Gateway to a friend or colleague?	86.7%	100.0%	100.0%	75.0%	100.0%	95.7%	76.5%	92.3%
How would you describe Gateway's services?	73.3%	86.7%	92.3%	55.0%	82.4%	72.7%	57.9%	77.9%
How likely are you to refer someone to Gateway for services in the future?	86.7%	100.0%	100.0%	80.0%	100.0%	95.7%	73.7%	93.3%
Overall, how satisfied/dissatisfied are you with Gateway's services over the past 12 months?	86.7%	92.3%	100.0%	72.5%	94.1%	77.3%	66.7%	89.1%
Overall Average:	83.3%	94.8%	98.1%	70.6%	94.1%	85.3%	68.7%	88.2%

Highlighting: **Red = Below 70%** **Green = Above 90%**

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



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



ANALYSIS OF INCIDENT REPORTS

Incidents Occurring Most Frequently:

1. 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 fifth of all incident reports (19.0%), and was the largest volume of incidents by type. There were 70 of these type incidents reported in FY 2024, which is less than FY 2023 (77). However, these type reports have been double that reported in FY 2021 and FY 2022. (36 in both years.)
2. Baker Acts (*Baker Act and Suicide Attempt or Threat)*: These type occurrences continued to be elevated in FY 2024, comprising 16.5% of all incidents. 62 of these incidents were reported in FY 2023 and 61 were reported in FY 2024. However, these type incidents were stable when compared with the volume of other type incidents for FY 2023 (16.3%) and for FY 2024 (16.5%).
3. AMA/AWOL Incidents: 50 AMA/AWOL incidents were reported in FY 2024, which almost averages one per week. However, AMA/AWOL events decreased significantly from FY 2023, when 80 of these type incidents were reported. AMAs/AWOLs comprised 13.6% of all incidents for FY 2024. It is important to note the decrease in AWOL/AMA events in the Adolescent Residential treatment programs. In FY 2023, 61 AMAs/AWOLs were reported but in FY 2024, there were only 17 reports, which is a reduction of almost 75%. Still, almost two thirds of Adolescent Residential incidents (59.9%) are for patients who leave treatment AMA or AWOL.
4. Aggression/Fighting/Threats/Weapons: 38 events of aggression/fighting/threats/weapons were reported in FY 2024. These type incidents have increased each fiscal year since FY 2022 when 23 reported. 10.3% of all incidents in FY 2024 were of this type as compared to 8.7% in FY 2023 and 7.8% in FY 2022.
5. Injuries/Slips/Falls: 35 injury/slip/fall incidents occurred in FY 2024. Efforts to reduce these incidents continue to be successful as the number of these incidents decreased from FY 2023 (38). A concerted effort to reduce these type incidents began in FY 2020 when there were 54 reports of injuries/slips/falls. Injuries, slips, and falls only comprised 9.5% of all events in FY 2024. This percentage has steadily declined since FY 2020 when injuries/slips/falls incidents made up 15.2% of all events.
6. Patient Deaths: The volume of patient deaths has remained stable since FY 2020. (FY 2020 = 16; FY 2021 = 17; FY 2022 = 17; FY 2023 = 15) Due to the opioid epidemic, a high volume of current and past patient deaths were 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. 18 patient deaths were reported in FY 2024 (4.9% of all incidents).
7. Medication Errors: 15 medication errors were reported in FY 2024, which is a significant increase over the prior two fiscal years. Eight medication errors occurred in FY 2023, and only two were reported in FY 2022. These incidents can be attributed to new personnel and should decline as employees receive training and supervision and staff tenure increases.
8. Drugs/Alcohol/Contraband: The number of incidents reporting drugs, alcohol, or other contraband being found or used on a Gateway property decreased to 12 in FY 2024, which is the lowest number since FY 2020. These type events comprised only 3.3% of all incidents for the fiscal year.

Adults vs. Adolescents:

For the third year, the volume of incident reports submitted by adolescent programs have declined, when compared to those submitted by adult programs. Adolescent programs submitted only 15.4% of all incidents in FY 2024. This volume is significantly lower than the four prior years. In those years, almost a quarter of all incidents were submitted by adolescent programs (FY 2020 = 20.3%; FY 2021 = 22.3%; FY 2022 = 24.7%; and FY 2023 =23.4%). This achievement is directly associated with the reduction in the number of AMA/AWOL incidents from BRC and GRC. There were 61 AWOL/AMA incident reports from the Adolescent Residential programs in FY 2023 but only 17 in FY 2024, which is a reduction of almost 75% (73.8%).

Trends:

369 incidents were reported in FY 2024, which is less than FY 2023 (380). The average number of incident reports since FY 2017 is 330.6, and the overall trend for the past seven years is upward. This outcome for FY 2024 slightly exceeds the established target of averaging less than one incident report each day. Incident reporting has continued to improve over the past few years due to systemic refinements and staff training.

The Gateway 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 over three quarters (77.0%) of all incidents. While the trend for the percentage of incidents from these programs steadily increased from FY 2020 to FY 2024, it decreased in FY 2024. (FY 2020 = 63.9%; FY 2021 = 67.0%; FY 2022 75.0%; FY 2023 = 81.6%; FY 2024 = 77.0%) This outcome is expected since the patients in these programs are residing on a Gateway campus.

Incidents occurring in Detox were remarkably low in FY 2020 (63), and FY 2021 (48), but increased in FY 2022 (80), FY 2023 (116), and again in FY 2024 (135). Incidents reported by Gateway's Adolescent Residential programs (GRC and BRC) remained stable from FY 2017 to FY 2022, but increased in FY 2023 (89), and then dropped to their lowest point since July 2016 to a total of 55 in FY 2024. 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 (143), but increased to 105 in FY 2023, and then dropped to 94 in FY 2024.

Areas Showing Significant Improvement:

AWOLs dropped by over a third from FY 2023 (80) to FY 2024 (50). Most of this reduction occurred in Gateway's Adolescent Residential treatment programs, where there were 61 AWOL/AMA incidents in FY 2023 but only 17 in FY 2024. This reduction of 72.1% is especially noteworthy since DCF requires that Adolescent Residential treatment services (BRC and GRC) report both AMAs and AWOLs, while Adult Residential treatment services only report AWOLs and not AMAs.

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; FY 2024 = 35)

Patient deaths have remained stable in recent years in spite of the opioid epidemic. A total of 92 patient deaths have been reported since the 07/01/2019, which averages about one every 24 days. (FY 2019 = 8; FY 2020 = 16; FY 2021 = 17; FY 2022 = 17; FY 2023 = 15; FY 2024 = 18)

Although the number of Baker Acts has increased significantly over the past three years (FY 2022 = 69; FY 2023 = 62; FY 2024 = 61), this increase is a positive outcome since these actions are preventative, reducing patient risks, and ensuring that necessary and appropriate care is provided, when and as needed.

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Areas Needing Improvement:

The volume of incidents had been trending downward from FY 2019 to FY 2022 but then increased in FY 2023 by 27.4% to total 380. The total number of incidents reported in FY 2024 continued to be elevated at 369. The reduction in the total number of incidents in FY 2021 and FY 2022 are attributable to the reduced overall patient population due to the Covid pandemic.

AMA/AWOL incidents reported in the Adult Residential program increased, more than 50%, from 19 in FY 2023 to 29 in FY 2024

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 77 and remained elevated in FY 2024 (70).

Medication errors almost doubled in FY 2024 to 15 from two in FY 2022 and eight in FY 2023.

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 established a trauma services team and a suicide prevention/response team. Suicide and overdose prevention systems including staff training and the use of suicide screening instruments, have been implemented. Safety planning has been reinforced and Gateway has increased the provision of Narcan and Narcan training. The use of medication-assisted treatment, and increased peer services have also been increased.

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. A security consultant has been retained by the organization and is currently revising Gateway safety protocols that are specific to each campus. Once these manuals are finalized, all Gateway personnel will receive comprehensive safety training related to the revised, strengthened, and improved procedures.

Results of Corrective Actions:

Changes implemented over the course of the report period have had a positive effect in reducing patient deaths. Gateway's Project Save Lives (PSL) program, continues to link persons who overdose with a peer and SUD services, including medications. PSL peers are strategically placed within community hospital emergency rooms.

Efforts to reduce injuries/slips/falls have only been marginally successful. However, these type incidents have stabilized and are occurring at a rate of about three per month.

Adolescent Residential AMA/AWOL incidents have been successfully reduced.

Baker Act/Suicide Threat or Attempt incidents have been stable for the past three fiscal years.

Education and Training of Personnel:

All Gateway employees complete annual competency-based trainings. 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, Suicide Prevention, Dialectical Behavioral Therapy (DBT), Confidentiality, general health and safety, 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. HIV, Hepatitis, TB, and sexually transmitted infections (STI) education is also provided per DCF and FDOH requirements.

Prevention of Recurrence:

Gateway's Director of Safety Compliance reviews incident reports daily. An incident report summary is auto-generated by Gateway's EHR and is emailed to appropriate Gateway leadership and executives 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 focus on the prevention of incidents and the elimination of their reoccurrence, thereby reducing organizational risks.

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. Reports are filed with DCF and LSF within 24 hours as required by regulation and contract.

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 quarterly.

ANALYSIS OF PATIENT COMPLAINTS

Trends

The total number of complaints submitted for the report period was 1,604. The annual volume is trending downward since 07/01/2018, but is trending upward since 07/01/2020. The average number of complaints submitted each fiscal year since 07/01/2018 is 267.3. Patients have previously reported via focus groups that their perception of Gateway's complaint system as being responsive, effective, and beneficial.

Adult Residential patients continue to submit the largest number of complaints, averaging more than half of all complaints received (56.11%). However, the fact that the largest volume of complaints are submitted by Adult Residential patients is expected since they reside on campus, and there are significantly more patients enrolled in services than in the Detox or Adolescent Residential treatment programs. In FY 2024, almost 75% of all complaints were submitted by Adult Residential patients (73.1%). The volume of complaints summited by Adult Residential patients is trending upward, and doubled from 108 in FY 2019 to 215 in FY 2024.

While complaints submitted by Detox patients over the past six years are trending downward, and comprise 15.8% of all patient complaints, the trend for the past two fiscal years is upward. (FY 2022 = 8; FY 2023 = 24; FY 2024 = 33)

Complaints submitted by adolescent patients are trending downward since FY 2020. 29 complaints were filed by adolescent patients in FY 2022, 19 in FY 2023, and 23 in FY 2024. The total number of complaints submitted by adolescents (271) account for only 16.9% of all patient complaints submitted over the past six years.

Complaints submitted by all other Gateway programs (Outpatient, PSL, RBS, TRH, AH, Aftercare, etc.) over the past six years are also trending downward, and account for only 11.22% (180) of all complaints. The data from these programs have been combined since they only comprise a small percentage of all complaints when considered individually.

The percentage of patient complaints that were about employees declined in FY 2024 to 42.2 %. (FY 2023 = 46.0%) The overall volume of complaints submitted about employees is trending downward since July 2018.

The percentage of patient complaints that were about other patients increased to 37.4% in FY 2024. (FY 2023 = 25.0%) The overall volume of complaints submitted about other patients continues to trend upward since July 2018.

Only 5.4% of patient complaints in FY 2024 were about rules, policies and procedures, or operational practices. This outcome has remained relatively stable over the past six years.

15.0% of patient complaints in FY 2024 were about other issues. *"Other complaints"* have been relatively stable for the last six years, with the exception of FY 2020 (32.2%). All complaints other than those about employees, rule/policies and procedures, or operational practices, and other patients have been consolidated since they comprise a small percentage of all patient complaints when considered individually.

Over half of patient complaints in FY 2024 resulted in staff training (53.4%). The trend for this outcome over the past six years is upward.

Over a fifth (21.5%) of patient complaints in FY 2024 resulted in one or more employees being counseled, discharged, or terminated. (*Note: Very few complaints result in employee terminations.*) The overall trend for this outcome continues to be downward.

Approximately a tenth of patient complaints in FY 2024 (11.6%) resulted in patients being counseled or discharged. Although this outcome increased in FY 2024 (FY 2022 = 7.7% and FY 2023 = 7.3%), the overall trend is downward.

Other type responses have been combined since they comprise such a small percentage of all patient complaints when considered individually.

There are no records of praise reports being filed by patients prior to July 2020. Praise reports were submitted prior to that date but they were submitted as written documents, were rare, and copies were not maintained. The increase in the number of praise reports submitted by patients is considered a key indicator of progress made with Gateway's system for filing patient complaints and provide evidence of continuing organizational improvements. 962 praise reports were submitted over the course of the past six fiscal years, with 241 being submitted in FY 2024. 86.5% of all praise reports (86.5%) have been about employees and 59.6% were submitted by Adult Residential patients. 27.0% were submitted by Detox patients.

Areas Needing Performance Improvement:

While significant improvement was made in FY 2024, efforts made to improve response times to patient complaints to one week or less need to continue. The average number of days to respond to a patient complaint in FY 2024 was 6.2 days, which is below target and is almost a third of FY 2023 (17.1 days). The percentage of responses taking more than seven days decreased from 63.7% in FY 2023 to 31.6% in FY 2024, however, almost a third of complaints were not responded to within a week. Only 8.8% of response times for FY 2024 took more than two weeks, which is the lowest percentage by far since FY 2020, and is approximately one fifth of FY 2023 (44.4%) Although this improvement is significant, this outcome should be at, or just above, zero.

Implementation of Actions Taken to Improve Performance:

Improved and increasing supervision is being provided by some supervisors. Peer reviews are being eliminated for programs and are being replaced by UM/UR reviews that are more comprehensive. Future analysis will continue to report on improvements achieved. These changes helped to improve the quality of patient care and appear to be resulting in a reduction in patient complaints and an increase in the number of praise reports.

Whether the Actions Taken Accomplished the Intended Results:

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, has substantially improved.

The average response time for complaints filed by Detox patients was the best in the organization at 2.3 days, which is less than half that of FY 2023 (4.9 days) The average response time for adolescent programs improved from 11.3 days in FY 2023 to 4.9 days in FY 2024. The average response time for Adult Residential was 7.0 days, which is significantly improved from FY 2023 (18.6 days). All other programs (outpatient, PSL, TRH, RBS, Aftercare, AH, etc.) improved from a 13.7 day average in FY 2023 to 4.9 days in FY 2024.

EMPLOYEE COMPLAINTS / SUGGESTIONS

Zero employee complaints/suggestions were filed by Gateway employees in FY 2024. Three complaints/ suggestions were filed in FY 2023, zero in FY 2022, and one in FY 2021. All complaints/suggestions were effectively addressed and resolved in a timely manner. No trends or patterns have been noted due to the low number of complaints.

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. In FY 2023, 4,591 training courses were completed for a total of 5,581.78 training hours but this increased in FY 2024, as 7,513 training courses were completed for a total of 8.672.6 training hours.

OVERALL PERFORMANCE ANALYSIS

Recovery and restoration of services to pre-pandemic levels has taken longer than expected and is best evidenced by the slow increase in the daily census averages for Detox plus the adult and adolescent residential treatment programs.

The quarterly quality improvement meeting was replaced by quarterly communications and meetings with each department in the continuing effort to increase, strengthen, and improve participation and usefulness of data. Each department is responsible to work as a team to submit corrective actions that are being implemented as part of the continuous quality improvement plan, do, study, act (PDSA) process.

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 life quality 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. A ROSC ensures that 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 seek to improve timely access to quality patient care.

A third ROSC assessment was completed in the prior year and the results of these surveys are being utilized to prioritize needed operational and service adjustments. Improvements are tracked and the action plan is adjusted accordingly per the PDSA process. 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, who implemented an electronic dashboard whereby results and progress could be tracked over time.

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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 improve. Problems with the daily error report indicating multiple errors for a single error are being corrected and the revised report should be implemented in early FY 2025.

Utilization Review/Management (UM/UR) was implemented and has now replaced peer reviews in almost all Gateway programs. The remaining programs, except for prevention will be added in FY 2025. Prevention services will not be monitored by UM/UR since individual participant records are not maintained. The comprehensive reviews completed by the UM/UR team were much more thorough than those completed during peer reviews and evidenced many more issues with records keeping. Documentation within patient records are improving as the resulting reports are utilized within the various programs and by the programmatic treatment teams as verified by UM/UR outcomes.

Service Effectiveness

Successful completion averages for Gateway's services/programs have been above target (55%) since July 2017 and the percentage of successful completions for all programs except Adult Residential are trending upward. However, the LSF outcome for successful completions for FY 2024 was only 47%, which is below the contractual target of 51%.

An additional measure of effectiveness in Detox is the percentage of patients transitioning into treatment services. The overall average since July 2021 is 40.2%, which is above the target of 40%. The overall trend for this outcome however is downward, which is negative. This outcome has been above target for the past three quarters of FY 2024.

Prevention services effectiveness is measured by pre- and post-test score improvements, and the target for overall improvement achieved is above 10 points. This target has been exceeded for all three of the past fiscal years. FY 2022 = 13.2 points; FY 2023 = 18.8 points; and FY 2024 =13.0 points.

LSF performance measures for stable housing for adults (85%) continued to be below target (94%) and the number of patients who reported being arrested within the 30 days prior to discharge was above target.

Operational Efficiency

Efficiency is reported by program. The measure used is necessarily different for the various programs.

- The Detox efficiency measure is the quarterly average no-show rate for admissions. Detox no-shows are trending downward and have declined since January 2023, except for the second quarter of FY 2023, when they increased by 3.1%. Switching from admission appointments to walk-in intakes was successful in significantly reducing, and almost eliminating, Detox no-shows. The no-show rate declined to 4.6% in the first quarter of 2024 and then to 0.6% in the second quarter of 2024.
- There are two efficiency measures for Adult Residential. The quarterly average no-show rate is trending slightly upward and averages 20.4% since July 2021. However, the no-show rate for the second quarter of 2024 was only 8.7% and six of 12 quarters averaged below the target (20.0%).

  The average bed utilization rate for Adult Residential is 98.1% and has a flat trend since July 2021. The target for this outcome is 100%. Six of 12 quarters have averaged above 100%, including the first and second quarters of 2024.

- The efficiency measure for Adolescent Residential (BRC and GRC) is the quarterly average bed occupancy (utilization) rate. Adolescent Residential exceeded the target (100%) in four of twelve quarters with the first and second quarters of 2024 being 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 July 2021 is 94.2%.
- Prevention Services efficiency is measured by the number of persons served annually. The average number of persons served has been above target (5,000) in FY 2023 and FY 2024, averaging 4,663.3 individuals receiving services annually. The trend for this outcome is upward (positive).
- Adult and Adolescent Outpatient and Intervention programs, and PSC, 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 by program, as reported in the EHR, is significant however and is used to analyze overall operational efficiency.
    - Adult Outpatient productivity is trending upward. This is a positive outcome. Adult Outpatient productivity has more than doubled since July 2023.
    - Adult Intervention productivity is also trending upward. Adult Intervention productivity has significantly increased since July 2023, increasing by more than 100%.
    - Productivity for Gateway's Problem-Solving Courts (PSC) is trending upward. PSC productivity has increased by more than 180% since July 2021.
    - Adolescent Outpatient productivity is flat since July 2021, showing no improvement or deterioration. However, this team's productivity has almost doubled since December 2024.
    - Adolescent Intervention productivity is trending upward, and has almost tripled since July 2021.

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 July 2023, the trend for this measure has been downward, which is negative. The Detox daily census has been at or above target (16) for seven of the past 12 quarters and averages 16.4, which is slightly above target.
- Access to Adult Residential services is measured by the average number of days between orientation and the development of the individualized, person-centered treatment plan. The trend for this outcome, since July 2021, is downward, which is positive. The average since July 2021 is 9.6 days, which is below the 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 July 2021, is downward, which is positive. The average since July 2021 is 14.2 days, which is slightly below the target of 14 days.
- Access to Adult Intervention services is measured by the average number of days between the patient's orientation and the provision of the first individual or group counseling session. The trend for this outcome is upward, which is negative. However, the overall average, since July 2021, is 12.7 days,

which is below the target of 14 days. Only three of the past 12 quarters have been above target and three quarters for 2023 were below target.

- Access to PSC services is measured by the average number of days between the patient's orientation and the provision of the first individual or group counseling session. The trend for this outcome is downward, which is positive. The average since July 2021 is 8.8 days, which is slightly above the target of 7 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. Since that quarter, six of ten quarters have been at or below target.
- Access to Adolescent Residential treatment is measured by the 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 July 2021, is 7.0 days, which meets the target. Seven of the past 12 quarters have been below target and the number of days has steadily declined since April 2023.
- Access to Adolescent Outpatient services is measured by the 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. However, the average since July 2021 is 17.6 days, which is above the target of 14 days.
- Access to Adolescent Intervention services is measured by the average number of days between the patient's orientation and provision of the first group or individual session. The trend for this outcome is flat and averages 11.6 days since July 2021, which is below the target of 12 days. The first two quarters of 2024 were below target and the trend is downward for FY 2024.
- 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 (4,280) and remained elevated in FY 2024 (4,756). The number of presentations for FY 2021 and FY 2022 were approximately 100 per month. (FY 2021 = 1,257 and FY 2022 = 1,123.)

Satisfaction with Services

- Patient satisfaction is above established targets (> 3.0 out of a 4.0 scale) for all programs except Adolescent Residential services (2.5). However, the opposite is true of the programmatic trends for patient satisfaction, as adolescent residential is the only program with an upward trend in patient satisfaction. While Prevention services reported 100% satisfaction for FY 2022 and FY 2023, this outcome was determined by a very limited dataset.
- Patients contacted following discharge from services reported overall satisfaction with the services that they received (87.0%), which is lower than FY 2023 (91.4%) but higher than FY 2021 (86.5%) and FY 2022 (80.7%). The number of patients contacted post-discharge has increased each year with more than a 100% increase in contacts since FY 2021. (FY 2021 = 155; FY 2022 = 193; FY 2023 = 243; FY 2024 = 342) Over half of those contacted reported that were employed (50.8%) and that they had not used alcohol or drugs in the past 30 days (84.3%). 60.4% reported that they believed that their recovery progress was "*excellent*" or "*great*". However, only 54.1% reported that they continue to participate in AA, NA, or other recovery meetings and only 46.2% reported that they have an AA or NA sponsor. 93.4% reported that they had not been arrested since entering treatment.

- Adult patients who received substance use disorder (SUD) treatment reported overall higher satisfaction with services in FY 2024 (87.0%) when completing LSF patient satisfaction surveys. While this outcome was higher than FY 2023 (78.5%), it was lower than FY 2020 (88.0%), FY 2021 (94.9%), and FY 2022 (93.5%). The trend for adult satisfaction with SUD treatment services since FY 2015 is downward, per completed LSF patient satisfaction surveys. The number of surveys completed increased to 339 in FY 2024 from 242 in FY 2023.
- The majority of adolescents that completed LSF satisfaction surveys in FY 2023 reported being satisfied with Gateway's SUD treatment services (94.0%), but the trend for adolescent patient satisfaction, as reported to LSF, is also downward. The results of adolescent surveys for FY 2023 was the highest that it has been since FY 2015 (95.4%) and FY 2016 (94.9%) and the number of surveys completed increased to 249 in FY 2024 from 207 in FY 2023.
- 92% of patients completing LSF satisfaction surveys for adult mental health services reported being satisfied with the services that they received. This outcome declined from 97% in FY 2023 and was not obtained prior to July 2022. The number of surveys completed increased by more than 100% to 122. (FY 2023 = 68)
- While the overall trend for employee satisfaction since 2018 is upward, satisfaction has stabilized since 2022, and has never met the established threshold of 70%. Survey results from the use of Culture Amp in 2023 cannot be compared to other years since the items surveyed are different from those used in other years. (Note: *Overall employee satisfaction results are believed to be comparable and are therefore used in the report*.) The use of Culture Amp was not continued due to the organization not seeing any direct benefit to justify the expense.

  87.9% of Gateway employees perceive their work as being valuable. This was the highest ranked item for the last two surveys. 82.1% of employees feel that they can speak freely to their supervisor. This item moved from fifth to second since 2022. More than three quarters of employees (78.6%) confirm that patients are treated with dignity and respect. This item's ranking improved from eighth to third since 2022. Approximately three out of four employees (77.9%) attested that they are proud to work for Gateway, however, this item's rank dropped from second to fourth. 77.9% of employees also attest that they would recommend Gateway's services to a family member or friend. This item's ranking improved from tenth to fifth.

  Survey items continuing to score low evidenced that less than a fifth of employees (17.9%) perceive that their pay and benefits are *"fair and competitive"*. This item has consistently scored the lowest in all employee surveys since 2018. The second lowest scoring item evidences that employees perceive communication within the organization as being ineffective. While employee perception and experience with ineffective communication has continued to improve since 2018, it continues to rank low, with less than half (47.5%) of employees perceiving communication as being effective. Most employees (59.9%) also do not perceive that communication by Gateway's Executive Team is positive or healthy. Two of three employees (59.7%) report that they do not receive positive feedback or support for good work and two thirds (59.6%) also report that morale is unhealthy and negative. Only 42.1% of personnel believe that Gateway treats all employees equitably and fairly.

  Overall employee satisfaction for 2022 and 2023 averaged above target (> 75%) for PSC (90.0%), Administrative staff (85.0%), and Adult Intervention (75.7%). It was below target (> 75%) for all other programs with only 58.4% of adolescent residential treatment employees reporting employment satisfaction.

- Key stakeholder (*DCF, LSF, and other provider and business partners*) satisfaction has been collected by program since 2022. Average satisfaction for all Gateway services reported by key stakeholders continues to be above target (> 75%) at 82.2%. However, there has been an overall decrease in satisfaction with services. The only programs/services achieving positive responses that were above target (> 75%) for 2024 were adult residential (100%), Adult Intervention (90.0%), and Prevention (100%). Respondents for all other programs/services indicated low satisfaction with the services provided. However, it is important to note once again that the number of surveys completed was very small. Average satisfaction since 2022 is above target (> 75%) for all programs/services except Detox (67.4%) and PSC (58.4%).

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 during this report period. The overall average number of hours of supervision in FY 2024 slightly increased to 2.3 hours per employee monthly. (FY 2023 = 2.2 hours).

The PSC, Adult Residential, Adolescent Outpatient/Intervention, and Detox programs reported the lowest number of hours of supervision per employee per month, averaging 1.5 hours monthly per employee. The Gateway programs documenting the most supervision each month included Aftercare/HSS and RBS/TRH. Aftercare/HSS has consistently averaged the greatest numbers of hours of supervision per employee since 07/01/2019 at 8.2 hours. RBS/TRH has consistently averaged the second highest number of supervision hours per employee annually at 3.8 hours. Prevention, Adolescent Residential, and FTC (FIS) all averaged 2.0 hours of monthly supervision per employee.

Peer/Supervisor Record Reviews

A new peer/supervisor record review form was developed over the course of FY 2023. It was completed and implemented in July 2023. However, Gateway implemented a Utilization Management and Utilization Review (UM/UR) system during FY 2024 and this system replaced the existing peer reviews as of 07/01/24.

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 7.5 records per month for FY 2024, which is a decrease from prior fiscal years. While fewer records are being reviewed each year, the average scores of reviews for all programs is fairly stable, with reviews being consistently positive for FY 2024 (94.3%).

- The Adult Outpatient team reviewed an average of 10.8 records each month with an average score of 88.8%, which is lower than prior fiscal years.
- The Adult Residential team reviewed an average of 7.5 records monthly, which is significantly lower than FY 2023 (10.4). The average review score remained stable at 88.7%.
- The Adolescent Residential team reviewed an average of 4.5 open and closed records monthly. The trend for the number of record reviews for Adolescent Residential services is downward, steadily declining from an average of 8.7 in FY 2021. Record review scores for this program are positive as scores averaged at or above 97% for the last four years.
- The Adolescent Outpatient/intervention team reviewed an average of 9.8 open and closed records each month, and the trend for the number of record reviews for Adolescent Outpatient/intervention services is upward. Although average review scores dropped to 97.6% this fiscal year, record review scores for this program/service have been positive averaging at or above 98%.

- Aftercare/HSS peer reviews increased from an average of 3.6 records per month in FY 2023, to 7.1 in FY 2024, and the average record review score for FY 2024 improved to 87.4%. Average review scores for this program/service have remained fairly stable since 07/01/2019.
- The FTC (formerly FIS) team reviewed an average of 8.4 records in FY 2024, which is a significant increase over FY 2023 (5.3). The average score of 96.7% compares favorably with FY 2023 (99.7%), and is significantly improved from FY 2022 (86%).
- The FITT team reviewed an average of 4.6 records monthly in FY 2024, which is lower than the prior four years. The average record review score for FY 2024 was positive at 98.6%. Review scores for this program/service are positive for all years, consistently averaging above 95%.
- The PSC team reviewed an average of 9.8 records monthly in FY 2024, with an average score of 98.1%. The average number of monthly record reviews has increased for the last three fiscal years and, average record review scores have remained positive, consistently averaging above 96%.

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. 531 records have been reviewed since FY 2018 for an average of 75.9 reviews annually. No prescribing errors were identified during the reviews completed during FY 2024. No trends have been identified and no corrective actions have been required since there has only been one error identified in the past seven years.

Employee Retention, Turnover, and New Hires

126 employees were hired in FY 2024, which is 23.5% more than were hired in FY 2023 (102) but slightly less than were hired in FY 2022 (130). 77.0% of new hires were female in FY 2024 which is fairly consistent with the prior three fiscal y ears. 60.3% of new employees were non-white, which is higher than the three prior years.

Almost three quarters (73.8%) of employees who left Gateway in FY 2024, resigned from their position, which is lower than FY 2023 but higher than FY 2022 (66.2%).The percentage of employment terminations was fairly stable for the prior three fiscal years, averaging 19.1% but increased in FY 2024 to 26.2%. The average turnover rate for FY 2024 was 47.3%, which is the highest that it has been in the past four fiscal years. (FY 2021 = 30.0%; FY 2022 = 45.3%; FY 2023 = 35.2%)

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, for each facility. No areas were identified as needing improvement in FY 2023 for existing emergency plans. Gateway's emergency management team continues to make revisions and improvements to the organization's emergency plans. A safety consultant was hired by Gateway to expand, improve, and strengthen all emergency plans. Comprehensive site-specific plans are being developed and all Gateway personnel will be retrained once the plans have been finalized.

Facility Safety Inspections

The fire and health departments, and others, completed comprehensive health and safety inspections of all sites as appropriate and required. Additional inspections included, but were not limited to: fire sprinkler systems, the elevator in the administrative and outpatient services facility, food services, and biohazardous waste. All facilities passed every inspection. Renewed business and occupational licenses were obtained for all facilities and annual licenses to provide substance use disorder (SUD) treatment services were successfully renewed. Audits were conducted by DCF, LSF, and the City of Jacksonville and a CARF accreditation survey was completed in early 2024. Very few corrective actions were required, and those that were identified, have been completed.

Closing Summary

A 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 2024 was a successful year for Gateway. The following successes and achievements are noteworthy:

- Audits conducted by DCF, LSF, the City of Jacksonville, and CARF were positive with very few corrective actions being required.
- Successful program completions continued to be above target for most programs, averaging 73.9% for the organization has a whole.
- Reviews of patient records by professional employees and external auditors demonstrate that the documentation of services meets or exceeds regulatory, accreditation, and policy requirements.
- Daily EHR (SmartCare) error reports, monthly peer reviews, UM/UR reviews, and external audits demonstrated continuing improvements with service documentation.
- Satisfaction with services provided continued to be high and is trending upward as reported by patients.
- Although overall employee satisfaction continues to be below target, survey responses demonstrate that satisfaction is trending upward.
- Key stakeholder satisfaction is above target for most programs/services but the number of respondents is low and needs to be increased.
- Operational and programmatic efficiency continued to improve for all programs except Adolescent Outpatient and Adult Residential where trends over the past three fiscal years are flat.
- Access to services and the efficiency of programmatic operations continued to improve for most programs except Detox and Adult Intervention.

- The volume of patient praise reports, submitted via the kiosks in each facility increased from 207 in FY 2023 to 241 in FY 2024 (16.4%). Although the overall trend for patient complaints is downward over the course of the last six fiscal years, they have consistently increased each year since the beginning of FY 2021.
- Both internal (SmartCare) and external (IRAS) incident reporting continued to improve.
- Evaluations of disaster plans and internal safety inspections continued to be completed by all programs on all shifts as required by Gateway policy and accreditation standards.
- Employee 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:

- The Detox and Adolescent and Adult Residential treatment censuses, need to return to pre-pandemic totals.
- While the number of patients transitioning from Detox to treatment services has improved, the overall trend continues to be downward.
- Even though the no-show rate for Adult Residential services improved significantly in FY 2024, the overall trend continues to be upward, which is a negative outcome.
- The provision of clinical supervision needs to increase for most Gateway programs as the monthly supervision averages per employee are below expectations in all but two Gateway programs.
- Although patient satisfaction is trending upward for Adolescent Residential treatment services, it continues to be below target.
- Almost half of patients who were contacted post-discharge report that they struggle with obtaining a stable source of income, that they have discontinued participation in recovery support groups, and over half report that they do not currently have an AA/NA Sponsor.
- Key stakeholder satisfaction continues to be below target for Gateway's Problem-Solving Courts and, for the first time, satisfaction with Gateway's Detox services was below target (33.3%).
- Employee satisfaction has stabilized and is not significantly improving. Efforts to improve effective communication and employee morale should continue, including ensuring that employees receive positive feedback and support for good work.
- Efforts to improve both the hiring and retention of qualified personnel need to continue.