

2017 Performance Analysis

Spectrum Healthcare, Inc.
74-80 Pacific Avenue
Jersey City, NJ 07304

Edward P. Cox, Executive Director

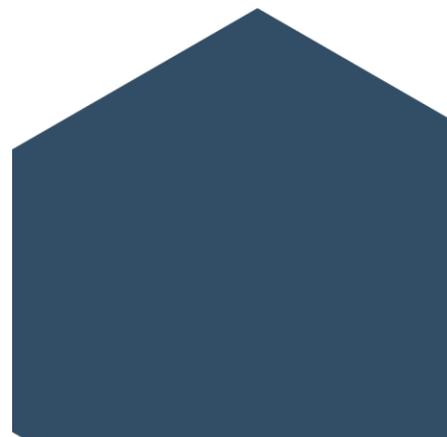
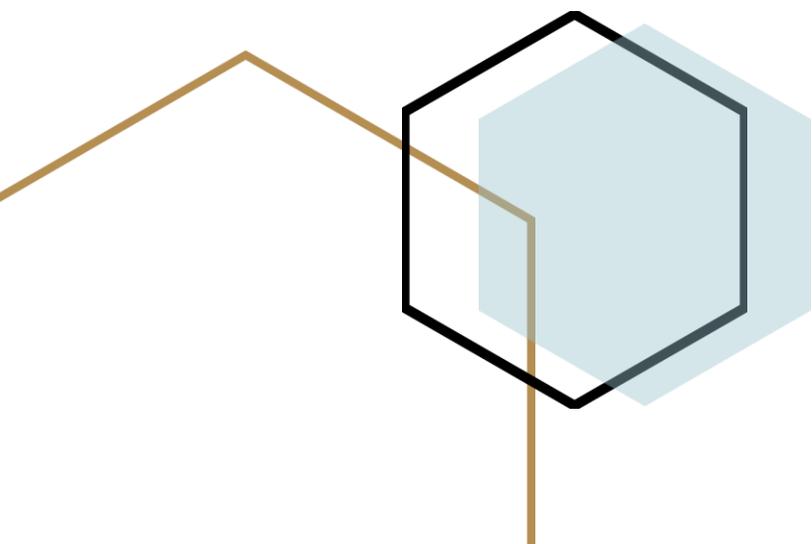


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Executive Summary

In order to facilitate an understanding of 'where we are' and subsequently 'where we should go', the leadership has identified the current risks and strategies in relation to the key operational drivers and strategic challenges.

We treat each client with respect and dignity and provide a recovery-oriented, outcome-driven and integrated continuum of care that addresses the diverse needs of our clients and the community. Spectrum Health Care strives for the highest quality of services to be delivered within the program. This report summarizes the organizational activities that impacted the management of the program and should be used to develop, maintain and improve the standards of service delivery. Upon review, all information gathered supports the mission and core values of Spectrum Health Care.

We will continue to incorporate the most current scientific knowledge, employing those methods that improve the lives of the individuals and families that we serve. The information in this report has been analyzed and used in management decisions and in the review of the strategic planning process.

Overview of Performance Improvement System

Spectrum Healthcare, Inc. has an ongoing performance improvement system within its operational structure. The Continuous Quality Improvement Committee is comprised of Management and key staff from every major discipline in the organization. The committee recommends strategic objectives, identifies performance indicators and monitors those indicators to observe the progress toward our goals. They observe the quantified evidence about what happened, comparing the evidence to the expected (target) performance, determining, in context of the environmental factors, the likely cause of any missed objective, and making changes with the aim of reaching the objective (or beyond). They report problems as well as successes and involve the front line staff in implementing their tactical plans.

Business Function Improvement: SHC, Inc. has an information management structure that collects data that provide information on the needs of clients and other stakeholders as well as the business needs of the organization. The data collected allows for comparative analysis. For business improvement information the company sets performance goals and measures performance indicators. The data is collected from various sources: e.g. strategic planning, financial information, surveys, human resource reports, state inspections, risk analysis reports, and resource allocations. This data is to be utilized by the Board of Trustees and the CQI team to make decisions that improve the operations framework and process of the Performance Improvement Program complies with applicable standards of the Commission on the Accreditation of Rehabilitation Facilities (CARF). Performance Improvement activities focus on improvements in functions and processes in the areas of direct client care, management, and support functions.

Service Delivery Improvement: SHC, Inc. programs maintain an organized data collection system for program improvement. Data is collected at various points in service to measure the effectiveness of services, the efficiency of the provision of services, access to services, and satisfaction with services. SHC, Inc.'s service delivery performance improvement committee has representation, normally the department manager or a senior member, from each major function and is charged with making recommendations for our strategic plan, ongoing development of quality indicators for each domain, identifying areas for improvement, developing an action plan to address improvements and reporting on actions taken to improve performance.

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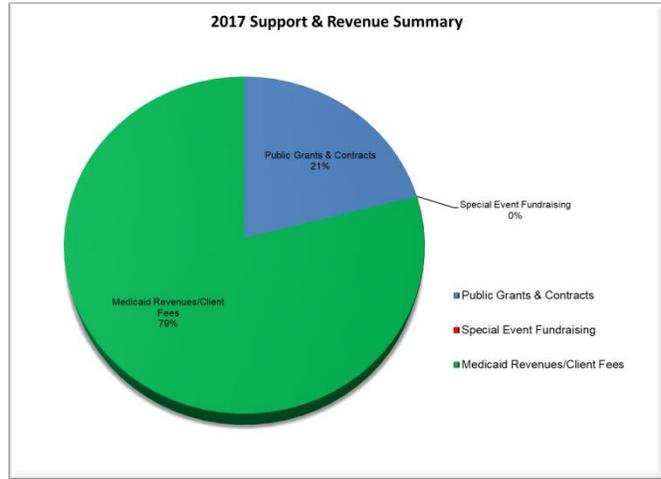


BUSINESS FUNCTIONS Financial/Resource Allocation

Spectrum Healthcare’s 2017 annual budget summary is as follows:

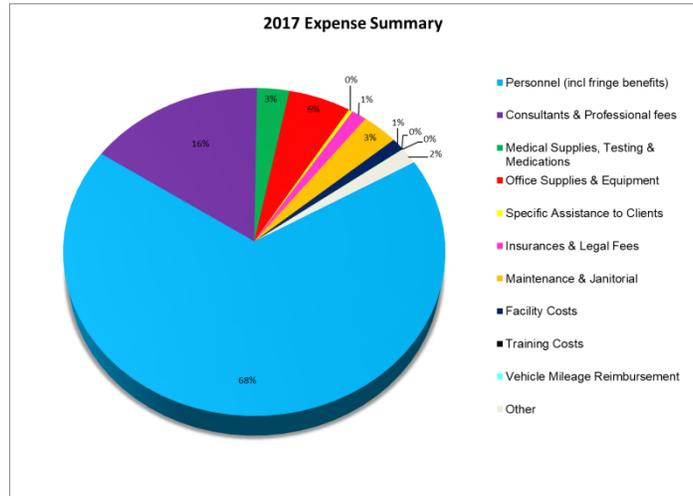
Support & Revenue

Public Grants & Contracts	545,751
Special Event Fundraising	0
Medicaid Revenues/Client Fees	2,055,811
Total Support & Revenue	\$2,601,562



Expenses

Personnel (incl fringe benefits)	1,761,560
Consultants & Professional fees	412,723
Total Personnel Costs	\$2,174,283
Medical Supplies, Testing & Medications	75,330
Office Supplies & Equipment	146,721
Specific Assistance to Clients	9,363
Insurances & Legal Fees	
Maintenance & Janitorial	85,145
Facility Costs	29,319
Training Costs	2,006
Vehicle Mileage Reimbursement	1,603
Other	42,011
Total Operating Costs	\$427,279
Total Expenses	\$2,601,562



Effective 7/1/16, the State of NJ Division of Mental Health and Addiction Services (DMHAS), SHC’s major source of income, changed their funding method in which SHC no longer receive an advance grant and instead will be compensated based on a fee for service contract. SHC has enrolled in the FFS Network and is currently conforming to this change.

Accessibility

The purpose of developing a formal Accessibility Plan is to address accessibility issues in order to enhance the quality of life for those served in their programs and services, to implement nondiscriminatory employment practices, meet legal and regulatory requirements, and meet the expectations of stakeholders in the area of accessibility.

Our barrier-removal initiatives and timelines for 2018 are as follows:

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Attitudinal Initiatives - SHC seeks to reduce the stigma associated with persons who are receiving treatment, who have mental illness and substance abuse problems and to promote their inclusion in the general communities.

1. Continued staff, client, and community education will take place on site and in the community.
2. Trainings focused on cultural sensitivity and client rights will occur during orientation and annually.
3. Management staff will be involved in service and business activities in the communities in and around the surrounding county area in order to present information about substance abuse and dependence.
4. Spectrum is working with the Department of Labor to provide trainings for CEUs.

Architectural Initiatives- Architectural barriers have been identified through internal and external inspections, assessments of need and employee/client feedback. CQI conducts long and short range planning meetings, which routinely include assessment of architectural needs and related cost analyses.

1. The building is handicap accessible through a wheel chair ramp into the front entrance. Medication administration and groups are all accessible. Both bathrooms are handicap accessible.
2. No planned construction for 2018.
3. City does a poor job of plowing street in front of agency making it difficult for clients to get to the site. Management will report concerns to the city for resolution.

Environmental Initiatives – SHC believes that the environment in which services are provided should reflect the cultures and cultural customs of the clients and is conducive to providing a comfortable and confidential setting for clients and staff to achieve their highest potential. Every effort is made to ensure that services are provided in ways that are comfortable for all clients regardless of culture and ethnic background.

1. All counselors are furnished with private offices, cabinets and computers to ensure confidentiality and privacy.
2. Behind SHC's building, there is a destruction/construction site which at times causes disturbance due to high noise level and reported concerns about air quality due to debris and dust from materials. Executive and Medical Directors will monitor the effects of the construction site to determine whether additional actions should be taken.
3. Food left in offices overnight causing rodents and bug problems. SHC has an exterminator which treats the facility regularly as a prevention measure however staff will be reminded on proper storage of food in the facility.

Financial Initiatives – SHC primarily works with an indigent population who cannot afford to pay for treatment. In recognizing the needs of the clients, SHC accepts Medicaid and Medicare. SHC also seeks funding from different sources in order to ensure that clients can receive services.

1. Recognizing the obvious need for continued generation of revenue in order to provide services, Spectrum Healthcare will make every effort to accommodate those who encounter financial difficulty in their lives.
2. Billing arrangements may be established for those who legitimately fall behind or those with limited financial means. Every effort is made to address financial limitations and establish reasonable resolutions.
3. Spectrum Healthcare staff will facilitate referrals to available public assistance and entitlement sources. Four SHC staff has been trained to provide presumptive eligibility of Medicaid to those who qualify.
4. Efforts will be concentrated to ensure that an individual's limited financial resources are not a sole cause for interruption of or inaccessibility to treatment services.
5. Spectrum Healthcare fees have been kept to a minimum to promote continuity of services.

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Employment Initiatives – SHC strives to maintain a culturally diverse workforce sensitive to the needs of clients and representatives of the community it serves. In addition, SHC strives to hire and maintain the highest quality of employees available in the labor market.

1. SHC supports the working lives of its clients by providing medicating hours at 6:00am, 5 days a week, that allow for clients to get to work on time
2. SHC's Medical Director and Intake Director are available 5 days per week to accommodate the working population as well as any individual seeking admission to the program.

Communication Initiatives – SHC provides open channels of communication that allow clients, families, and staff to access information that accurately represents the status of the organization's systems and outcomes. In addition, SHC seeks communication among clients and staff that provides a basis for personal and professional growth and well-being.

1. Hudson County area is home to a wide range of languages and dialects. SHC has employed staff to accommodate the needs of the population. The Intake Department has bilingual staff that speak both Spanish and English as well as two nurses. SHC continues to seek staff that reflects the culture and diversity of the county.
2. Individuals requiring additional interpretation services will be accommodated within 24 hours. The Internet will serve as a resource for linkage with such communication services.
3. Individuals who are visually impaired will have all material read to them to ensure comprehension. Spectrum Healthcare staff may serve in this capacity as well as through involvement of client's family / support network, with consent.
4. Currently, those with hearing impairments may be referred to alternate treatment services that are better equipped to meet her needs. At this time, Spectrum Healthcare does not have staff proficient in the use of sign language. For those in need of such services, she may be referred to an appropriate agency identified in the Spectrum Healthcare Community Resource Directory to address hearing impairment needs.
5. The use of assistive technology, such as TTY / TDD listings, is available at Spectrum Healthcare.
6. SHC installed television monitors in its client lobby area that will post up-to-date announcements such as holiday and emergency information as well as medical information.

Transportation Initiatives – SHC seeks to ensure that clients are not limited by a lack of personal transportation or by options that may not accommodate their disabilities, and that transportation systems fully accommodate any community member seeking to access services.

1. There are limited transportation barriers evident since many thoroughfares are available 1 to 4 blocks away. The light rail is also located one block from the facility.
2. Logisticare provides transportation to clients outside the service area. The transportation services are covered by Medicaid through a State medical contract. Logisticare provides medical transportation and also bus passes. Uber and Lyft services may be available for emergency purposes.
3. For clients who have financial difficulties, arrangements are made for cost-free bus passes.
4. Hudson County offers transportation to all activities including medical and social services, recreation and education for eligible individuals.

Community Integration Initiatives and Other Identified Barriers – SHC is committed to fostering an environment that encourages performance assessment and improving the quality of services provided to opioid dependent persons. SHC realizes service quality is measured by client satisfaction. Input from clients is significant in discovering the levels of effectiveness, efficiency, accessibility and accountability of treatment. We have engaged in both informal and formal



methods of gathering input from clients. These include client advisory committees, focus groups, impromptu discussions, suggestion boxes and a structured survey of client input.

1. Clients are encouraged to develop support systems in the community to help with their recovery (self-help groups, churches, senior programs)
2. SHC will identify any other barriers that may be evident through the customer satisfaction questionnaire particularly around access to service and access to staff.
3. Clients with co-occurring conditions have access to limited community resources to support their recovery efforts so SHC has developed on-site, accessible programming to meet the needs of this vulnerable group.
4. Supportive &/or subsidized living for clients with medical conditions (i.e. HIV, AIDs etc.) are limited with long waiting lists so the ED and COO actively advocate to encourage changes to the system.

Risk Management

Prioritized Risks and Evaluated Strategic Plan Activities

As in 2016, this Risk Management Plan, along with the organizational Strategic Plan, provides an understanding of all identified risks, both internal and external, that SHC may be faced with in the short and long-term future. It also provides the strategic response to how it will address these risks so that SHC can achieve its vision to become an organization supported by a culture that is committed to improving outcomes to the benefit of all its stakeholders.

Consistent with previous years, in order to facilitate an understanding of 'where we are' and subsequently 'where we should go', CQI annually reviews the current risks and strategies in relation to the key operational drivers and strategic challenges. This allows us to continuously monitor progress from year to year and recommend adjustments to strategies or responses to risks, as needed. This also creates a strong link between the strategic direction set out by the Board of Trustees and the operational strategies implemented by the SHC.

In the 2017 Risk Management Plan, several risks were prioritized and evaluated as performance improvement objectives. Through effective planning, measurement, and assessment, team members formulated strategies that successfully prevented or reduced the identified risks. However, there are areas that remain consistent with previous years.

FACILITY OPERATIONS & SECURITY PRACTICES

Opportunistic criminal activity and Loitering - SHC recognizes that security and risk management are of major concern to its stakeholders. In an attempt to address these concerns, SHC has a retired Officer that oversees all aspects of security and safety. In this role, he will monitor, manage and maintain compliance with DEA requirements concerning Security, test and oversee all activities for the security alarm system and train and indirectly supervise all Security Officers. Specific to security, the organization installed 2 additional cameras to ensure full surveillance of the property grounds and continuously evaluates its risk for violence by reviewing clinical infractions, external factors such as crime rates and surveying employees about their perceptions of risk; as well as conducting thorough background checks of prospective employees.

HUMAN RESOURCES & PERSONNEL PRACTICES

Uncertified Clinical Staff – SHC will remain vigilant in its efforts to have all its clinical staff certified. Our recruitment and hiring plan focuses on hiring candidates already certified or individuals who have nearly completed the certification process. It

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is also important to note and our salary range for certified and licensed personnel remains competitive for similar programs. The State Licensure standards still require all clinics to have 50% of their counseling staff to become at least Certified Alcohol and Drug Counselors (CADC). SHC has met this requirement however, we are we faced with the same competition as in previous years such as some State agencies including Child Protective Services. Now large chain treatment MAT facilities, usually for-profit corporations have enlarged the group of competitive agencies seeking licensed and certified clinical staff.

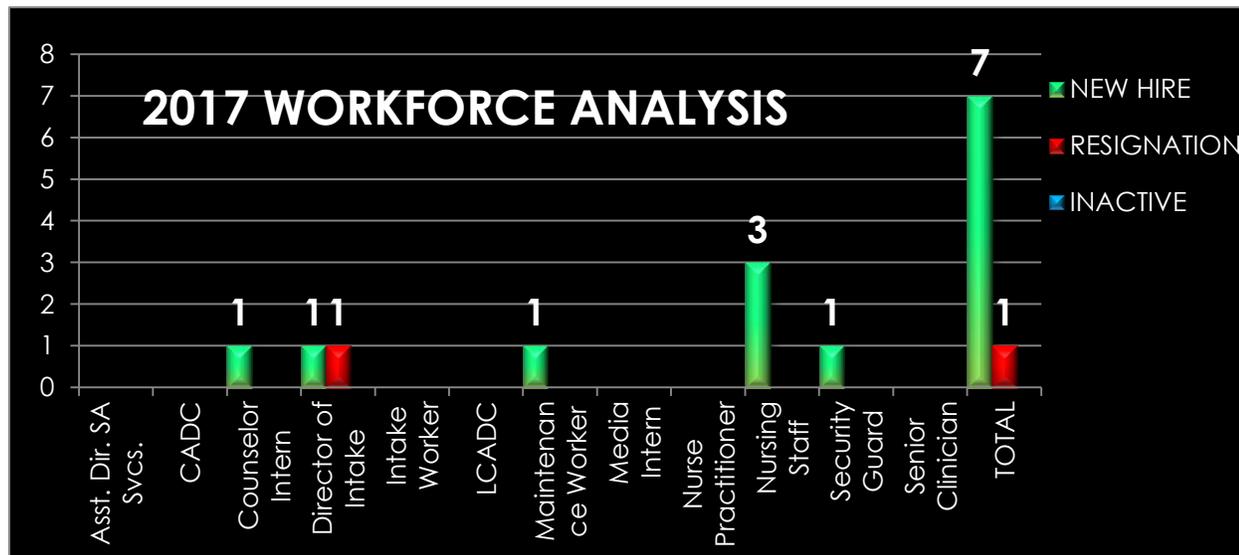
FISCAL STABILITY AND FINANCIAL CONTROLS

Shift from Advanced pay funding to the FFS mechanism – Spectrum Health Care has always primarily operated under block grants at a no real financial risk. Beginning July 2016; we were forced to operate on a fee-for-service thusly jeopardizing our financial position. The plan required a complete fiscal operation restructuring. While challenging, SHC currently has adjusted to the change and as of 2017 fiscal year end has collected \$2,055,811 in receivables. Enrollment for Medicaid expansion began on October 1, 2013 with coverage starting on January 1, 2014. New Jersey expanded Medicaid in accordance with the ACA, utilizing federal funding to provide health insurance for the newly-eligible population. While the ACA and Medicaid Expansion created greater access to treatment for the uninsured and underserved population, it is by far without flaws, particularly for providers. However, change is imminent under the new Trump administration which could potentially result in the loss of treatment services for the indigent population across the system. A pledge to repeal the Affordable Care Act and give each state a lump sum of federal money – block grant – for Medicaid has been predicted. Currently, under the Affordable Care Act, the federal government is scheduled to pay 93 percent of Medicaid costs for newly eligible beneficiaries in 2019. Under the predicted new plan, New Jersey could expect only a 50 percent federal match.

Human Resources

Staff development and training took place in the following areas: Methamphetamine, Family Treatment, Addressing Tobacco in Addiction Treatment Settings, and Treatment for Offenders under Community Supervision, Stress Management Techniques for Substance Abuse Counselors and Their Clients, and mandatory annual trainings in Professional Ethics, Cultural Competency/Diversity, Confidentiality, Client Rights, Child/Elder Abuse, Workplace Violence, Person and Family Centered Planning. First Aid/Emergencies, Infection Prevention/Exposure Control, Critical Incident Reporting.

In 2017, SHC added 1 P/T Counselor Intern to assist with groups and intake, 3 P/T Nurses were brought on board to assist with the increasing client census, 1 Director of Intake and 2 Interns from NYU & Rutgers. There was 1 resignation which was immediately replaced.





Information Management

SHC's plan to effectively manage Information Technology (IT) resources, link the direction of IT to the business functions of the clinic, improve the flow of internal information and processes and help reduce time and expense of IT life cycles is part of its ongoing quality improvement. The areas consistently under review are hardware, software, security & virus protection, confidentiality, backup policy, disaster recovery preparedness, assistive technology, current status and future projects.

Strengths of SHC's Software system:

- Comprehensive and integrated computer system allows for more efficient data collection, productivity, service delivery and agency operations
- SHC has 2 Domain servers, 33 desktop computers and 2 laptops owned and operated by SHC. Computers allow medical, counselors, clinical and administrative personnel to have access to a private, individual work computer during business hours. In addition to the private computers, SHC has leased 3 multifunctional copy machines with Wi-Fi capabilities for scanning, faxing, printing and copying.
- Software and hardware allows for paperless documentation of client files, automated dispensing and automated billing capability
- Network firewall enables efficient protection
- On and off-site system backup

Weaknesses of system:

- Computer processor and memory are fast but can be improved
- Switches and hubs need backup battery in case of power outage

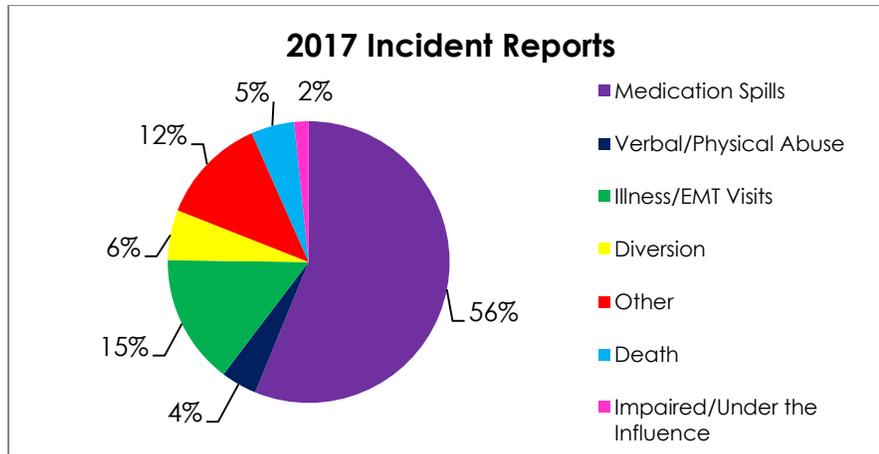
Ongoing Goals:

1. Continue to implement system updates to avoid system operation interruption.
2. Allow users to print from wireless devices.
3. Consult with outside IT vendors annually for recommendations on hardware, software, and security.
4. To increase availability to and training on computer systems
5. Implement ID profile for staff to use copiers.
6. Development of a resourceful SHC website offering information pertaining to SHC services, substance use education and treatment as well as resourceful links

Unusual or Critical Incidents

There were 121 incident reports in 2017. The following are the categories:

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- There were 5 incidents where clients used abusive and/or threatening behavior/language.
- There were 18 incidents that warranted ambulance services. The reason for ambulance services varied from case to case with no trends evident.
- There were 68 incidents of medication spills
- There were 6 deaths reported
- There were 7 suspected cases of diversion.
- There were 2 cases of impairment or under the influence.
- And 15 cases of other which included computer issues, fire alarm and foreign object.

There was no evidence of trends in any of the incidents that would allow for active intervention/prevention other than dose spills. Nurses are regularly trained and supervised to ensure best practices are followed. The DON provides regular supervision to minimize the risks. The incidents of verbal aggression/abuse were with different staff, different clients, and at different times and reasons.

The Security staff monitors the activities outside the clinic. Any loitering is addressed and suspicious activities are confronted by security.

The deaths reported all occurred outside of the facility which is new reporting required by DMHAS. All deaths were individuals who had been ill and died in a Nursing Home or at home. Considering the aging of the client population and the existence of chronic diseases, it is possible that this trend may continue.

This year there was a significant increase in incidents after two years of decreases in the incident reports. Considering the number of clients that are seen each day and the fact that there were no obvious trends, the increase is not particularly alarming. The Health and Safety Committee reviews each incident report and documents whether it was handled adequately. A report is then submitted to the CQI Committee.

Health and Safety

No minor or major events occurred during the year with respect to fire and safety issues. All system inspections (fire alarm system, fire suppression system etc.) and drills (fire, medical emergencies, utility failures, bomb threat, natural disaster, and violent or other threatening situations) were conducted according to schedule. The facility passed the annual fire inspection.

All drills were reviewed in the CQI Committee meeting to ensure compliance with the organization policy, DMHAS regulations and CARF standards.



Spectrum contracts with an outside entity to provide specialized cleaning and sanitation services to better address the health and safety of the clients, staff and others that enter the building. The services are provided weekly and are recognized by the hospital industry as being “best practices”. Additionally, hand sanitizers are available at various places throughout the building.

The Health and Safety Committee will continue to meet on a monthly basis to address the issues that arise during the course of the year. It will continue to monitor the changes made in 2017 and determine if those changes accomplished what was desired.

Infection Control

Infection prevention is important for both staff and clients. If we have a better understanding of how the agency is impacted by colds, flu, and other infections, a more active preventative program could be instituted to ensure for the health and safety of all the clients and staff.

The agency provided flu vaccinations for both staff and clients. TB, Hep C and HIV testing is also provided to all clients. If the tests are positive than SHC assists the client to make appointments for necessary treatment. SHC is also actively exploring a grant that will allow for Hep C testing and treatment onsite.

In 2017, SHC provided HIV testing as follows:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
11	8	17	5	9	27	2	10	2	16	0	1

Corporate Compliance

There were complaints issued by clients during the course of the year that were submitted to the Director of Substance Abuse Services and the Client Benefits Coordinator. All complaints were resolved at the clinical level. No complaint became a formal grievance that was submitted to the Corporate Compliance Officer.

During 2017, there were no Corporate Compliance issues.

Surveys

As part of the Continuing Quality Improvement System, Spectrum Healthcare conducts several surveys during the year. Throughout 2017, there were various mechanisms used to identify client and employee satisfaction. Satisfaction surveys were given to clients who were newly admitted in order to have input about the admission and orientation process. Suggestion boxes were available. Employee satisfaction was measured through an annual survey in which a majority of the staff responded. Results were viewed monthly and problems addressed. Overall, clients and employees expressed satisfaction with SHC. (See reports)

It is recommended that in the next year, client surveys are to be done quarterly with ten clients from each phase. The surveys should continue with the admission and orientation clients. While the suggestion boxes did not generate many responses, it is still a good avenue for clients to use for their input.



Performance Improvement Objectives

The performance objectives have not been changed since the CQI Committee believes the objectives selected make the most sense when identifying improvements within the agency.

Efficiency Measures

In 2017, all staff hired completed the probationary period. This number exceeds the 90% estimated by the Performance Improvement Objectives developed by the CQI Committee. SHC will continue to use this measure to demonstrate efficiency.

The turnover rate during 2017 was 23% which did not exceed 50%. Since there was a time that the turnover rate was over 50%, this is an ongoing concern which is monitored. As 2018 proceeds, HR will need to be more active in evaluating the reason for staff leaving and develop plans to address the issues that staff may be experiencing.

Effectiveness Measures

Two effectiveness measures had been developed by the CQI Committee for 2017. The Committee determined that 35% of clients entering intensive outpatient treatment would successfully complete the program. NJSAMS data indicates that effectiveness measure was achieved with 44.6% of clients successfully completing their treatment plan. Those clients who did not complete the program were either moved to Phase 1A or referred to a higher level of care.

This will continue to be an effectiveness measure for 2018. Plans for 2018 include developing ways to incorporate new clients into additional programming to ensure their continued participation.

The second effectiveness measure was to monitor all new admissions into the methadone maintenance program and their promotion to Phase two. This information was not tracked by NJSAMS and due to the changes in the organization's software program, this data was not available. However, in 2018, SHC will continue to use this as an effectiveness measure.

Access Measures

The performance indicator for access was that all clients seeking services would be seen within 48 hours. According to NJSAMS data, all clients were seen within the 48 hour time frame. SHC will continue to monitor this area.

Satisfaction Measures

The client survey indicated that 94% of the respondents would recommend Spectrum Health Care to their friends and/or family who were in need of treatment. This measure met the threshold of 90%. This percentage has increased each year. In 2018, we will continue to monitor this performance indicator.

Staff satisfaction has improved each year. 94% of respondents stated they were proud to be employed by Spectrum Health Care.

This year, the CQI Committee asked staff to answer two additional questions. What does SHC do best? and What would you change? The following are some of the responses:

What does SHC do best?

1. Accepts clients where they are
2. Helps clients to improve in many ways
3. Providing clients a structured environment
4. Help clients to be stable



5. Opportunity for clients to grow

What would you change?

1. New location near the medical community
2. More health information
3. Present at health fairs

The CQI Committee continues to meet at least quarterly although we have attempted monthly meetings. Each staff member is responsible for the various components of the reporting process. There have been some changes to the Committee's membership which has impacted on some of the reporting.

It is anticipated that during 2018, the Committee will be able to address some of the concerns that were identified in 2017. The Strategic goals for 2018 will be:

- Monitor Performance Improvement Objectives quarterly
- Increase CADC staff to meet state and regulatory requirements
- Develop succession plans for retiring key personnel
- Review the data submitted by NJSAMS to see if it matches SMART data
- Monitor census and develop admission incentives
- Monitor budget income and expenses to see if there are any trends
- Monitor the Accessibility Plan and Cultural Competency plan quarterly in CQI meetings
- Continue to provide annual training to staff in the required topics and expand into new areas
- Improve communications through better use of technology and physical systems
- Expand and enhance Community Relations through involvement with local and state advocacy groups, participation in corporate citizenship activities and continued education opportunities in the community

SERVICE DELIVERY

Key:

2017 Results



Utilization – Admissions & Discharges

ADM 2017	D/C 2017
438	410

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Total Census - 445

Demographics

Race/Ethnicity	2017
African-American	134
Caucasian	158
Hispanic	141
Other	12
Gender	2017
Female	163
Male	282
Age	2017
18-20	0
21-24	1
25-29	10
30-34	23
35-44	56
45-54	170
55-over	185
Length of Stay	2017
Less than 30 days	19
31-60 days	14
61-90 days	15
91-120 days	36
121-150 days	9
151-180 days	20
181 days -1 year	66
1-2 years	65
2-3 years	29
Over 3 years	172

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Phase Census	2017
Phase 1	49
Phase 1A	122
Phase 2	33
Phase 3	61
Phase 4	66
Phase 5	84
Phase 6	31

Clinical Operations

Medication Maintenance - Medication maintenance is the treatment classification for all clients who receive a regular dose of methadone or suboxone for a period lasting more than 180 days. Individuals seeking maintenance treatment will go through a five-step evaluation process: screening, intake, staff consultation and Physician evaluation, and documentation of former maintenance status. SHC provides a preadmission, on-site visit to the organization and its programs by the persons to be served, instances may include, but are not limited to a legal guardian. All programmatic decisions regarding eligibility and admission criteria for the maintenance modality will be in conformance with federal and state regulations.

The assigned primary Counselor will discuss the rules and regulations of the clinic with the client to help with orientation. The Treatment plan is developed with meaningful objectives and goals agreed to by client and Counselor. In counseling sessions, the specific goals of the treatment plan will be discussed to include appropriate ways for the client to reach their objectives. In the event that a discharged client should relapse and again require services, an individual evaluation will be conducted by the clinic Physician; and the Client will be referred to the appropriate level of care.

Intensive Outpatient Program (IOP) - SHC's IOP provides education and motivates the client to make meaningful decisions. The Program consists of structured participation in a 12-step recovery program or a reasonable alternative treatment program. This program will give an individual nine (9) hours of Intensive Services three (3) days a week for up to twelve (12) weeks. The client will complete a self-evaluation of one's ability and assist staff in the analysis of the Client's progress and prospective capabilities. Staff will make referrals, and reasonable decisions about the Client's present and prospective Intensive Opioid Maintenance Therapy treatment. To accommodate new admissions, SHC began providing IOP groups on Saturdays and is considering expanding to Sundays.

Peer Review

Client care was monitored during weekly clinical staff meetings at which time treatment plans, progress notes and client advancement were reviewed. Peer reviews were conducted quarterly by staff teams. Both open and closed records were reviewed to ensure completion, accuracy and clinical appropriateness. Areas of weaknesses from previous years did not improve. It is believed that the new software system may have compounded the problems due to staff having difficulty adjusting to the new system. Throughout the year, clinical supervision and trainings were focused on staff's development in these areas and several instruments were developed to assist staff. Trainings will continue in this area and will be expanded in 2018 to focus on treatment and discharge planning' and progress notes.



Medical

Physicians, supported by Registered and Licensed Practical Nurses, provide SHC's core medical services. Included among the range of health and support services provided onsite are initial physical exam and annual medical assessment, physical examinations, methadone and suboxone dosage prescription and dispensing, chronic illness care and referral treatment for: tuberculosis, Hepatitis A, B and C, sexually transmitted infections (STI), skin infections, lesions, pneumonia and other medical complications, and psychiatry services for co-occurring clients.