

# Spectrum Health Care

Providing treatment and compassionate services in Hudson County for over 30 years!

## ANNUAL REPORT 2019

**Spectrum Health Care Inc.**

**Edward P. Cox, Executive Director**

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# 2019 Annual Report

Spectrum Health Care Inc.

## Executive Summary

Annual drug overdose deaths in New Jersey have declined for the first time in five years, according to preliminary data from the state. But the death toll still remains above 3,000; more than double what it was in 2012 when the state began tracking the statistics.

In 2019, NJ's Department of Law and Public Safety introduced addiction-fighting programs and initiatives that focused on prevention, enforcement, and treatment. This work was coordinated by the Office of the New Jersey Coordinator for Addiction Responses & Enforcement Strategies. Under the supervision of the New Jersey State Police, the attorney general's Opioid Enforcement Task Force dismantled 11 heroin mills in 2019, four of which were collectively linked to heroin stamps associated with 358 overdoses, including 133 fatalities. The attorney general also increased access to treatment by expanding Operation Helping Hand, a drug-diversion program that has linked more than 700 individuals to treatment or recovery sources. In 2019, OHH expanded to all 21 counties in New Jersey, funded in part through state and federal grants. In addition, the state launched around-the-clock "Opioid Response Teams" to provide addiction intervention services in five hard-hit municipalities: Newark, Camden, Paterson, Trenton and Toms River.

In 2019, the Attorney General also continued his efforts to hold accountable those most responsible for fueling the opioid crisis, filing a civil lawsuit against eight members of the Sackler Family, owners of Purdue Pharma, which manufactures OxyContin and other prescription opioids blamed for the addiction epidemic. The lawsuit, which followed a 2017 suit against Purdue Pharma, sought to ensure that individuals — and not just corporate entities — would be held accountable for their role in the fueling the opioid crisis. At the same time, the Attorney General's Office worked to prevent the abuse and diversion of prescription opioids by taking action against doctors, pharmacists and other health practitioners who allegedly prescribed them without a sound medical basis. In all, 26 physicians saw their licenses revoked,

## 2019 Stats show NJ is holding the line on Overdose deaths

Preliminarily, figures indicate that there were approximately 3,021 suspected drug-related overdose deaths in NJ for 2019, which would represent a 3% reduction from the prior year. The slight dip in suspected overdose fatalities is the first the state has seen since it began tracking drug-related deaths in 2012.

"For the first time, we're seeing numbers that appear to indicate we are holding the line in our fight to end the opioid crisis, and that's encouraging," Grewal said. "But experience tells us that addiction is a relentless disease and recovery is not a linear process. We cannot assume we have turned a corner in this battle. We must continue to attack the addiction crisis from all sides, using prevention, treatment and enforcement as means to defeat this deadly epidemic."

suspended or otherwise restricted last year for allegedly allowing dangerously addictive drugs to flow unchecked into communities.

The abuse and addiction to opioids such as heroin, morphine, and prescription pain relievers continues to be a serious global problem that affects the health, social and economic welfare of all societies. 2018 data shows that every day, 128 people in the United States die after overdosing on opioids. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

Two out of three drug overdose deaths in 2018 involved an opioid. Overdose deaths involving opioids, including prescription opioids, heroin, and synthetic opioids (like fentanyl), have increased almost six times since 1999. Overdoses involving opioids killed nearly 47,000 people in 2018, and 32% of those deaths involved prescription opioids. According to the most current data collected by the New Jersey Office of the State Medical Examiner in 2018, there were a total of 3,021 drug-related deaths in New Jersey. Of the 3,021, Union County saw 179 recorded deaths, ranked the 7<sup>th</sup> highest county in the state.

In addition to the compounded dangers resulting from prescription drug abuse, the abuse of an opioid like heroin is closely linked to the transmission of HIV, hepatitis (notably Hepatitis C), and other bloodborne disease by means of intravenous use and sexual contact. According to New Jersey Substance Abuse Monitoring System (NJSAMS), a reported 27,521 of 98,727 individuals admitted to Substance Abuse Treatment programs in 2019 were intravenous drug users, that's roughly 28%.

The New Jersey Substance Abuse Monitoring System (NJSAMS) shows that from January 1, 2019 to December 31, 2019, there were 444 admissions to Spectrum Health Care with 174 reporting intravenous drug use. Of the 444, 294 were admitted to Opioid Maintenance-Outpatient and 149 to Opioid Maintenance-Intensive Outpatient. Seventy-two percent were self-referrals while 13% were criminal justice referrals. The remaining was referred by family/friends or another treatment program. Thirty-seven percent were black/African-American, 34% were Hispanic, 28% were white/Caucasian and less than 1% other. The majority of admissions were males at 73% with highest proportion of admissions age 45-54 at 36%. Fifty-nine percent were not in the labor force while 54% reported completing high school as the highest school grade completed. Eighty-four percent smoke tobacco with nearly 55% insured by Medicaid.

The needs of the target population are clear. An opiate abuser's lifestyle increases the chance of overdose, infectious disease transmission and criminal activity. Scientific research has established that medication-assisted treatment of opioid addiction is associated with decreases in the number of overdoses from heroin abuse, increases retention of clients in treatment and decrease drug use, transmission of infectious diseases and criminal activity while serving as a good investment for the economy. Spectrum Healthcare will coordinate methadone maintenance or buprenorphine treatment and outpatient services with a comprehensive range of supportive services in an attempt to reduce substance abuse and reduce and/or prevent the spread of infectious disease and criminal activity.

SHC's most important achievements over the past three years include:

- 30-year track record of quality service delivery resulting in a positive impact on those we are committed to serving
- Executive Director and Management staff active in NJ ATOD and NJAMHAA
- Serving a community in need of substance abuse education and treatment
- Engaged in a HIV Project with Columbia University to measure the reach and impact of HIV among substance users
- Participated in multiple Community Relations Events and Research projects
- Redesigned the nursing station to accommodate extra space and comfort of nursing staff
- Added buprenorphine and Vivitrol to list of medications provided for opioid treatment
- Integrated toxicology lab results into EHR system
- Became in-network provider for all major NJ managed care organizations
- Updated and upgraded website
- Provided an array of medical education groups to clients
- Accessible to all in need of opioid treatment
- HIV population needs are addressed through medical and case management services
- HIV/HCV counseling and testing site
- Diverse staff that reflects the treatment population
- Solid communication system among staff at all levels
- Updated and upgraded security systems
- Rerouted network traffic for increased speed in dispensing and clinical software application (SMART)
- Excellent program image and public relations within the substance abuse community
- Modern building equipped with technological advancements to meet demands for treatment
- Medical Director is ASAM certified with nearly 40 year in the field of addiction
- Recruitment of qualified professionals to enhance our Clinical Services team (CADC, LPC, LCSW, LCADC candidates)
- Approved as a licensed Intensive Outpatient Program (IOP)

## 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.

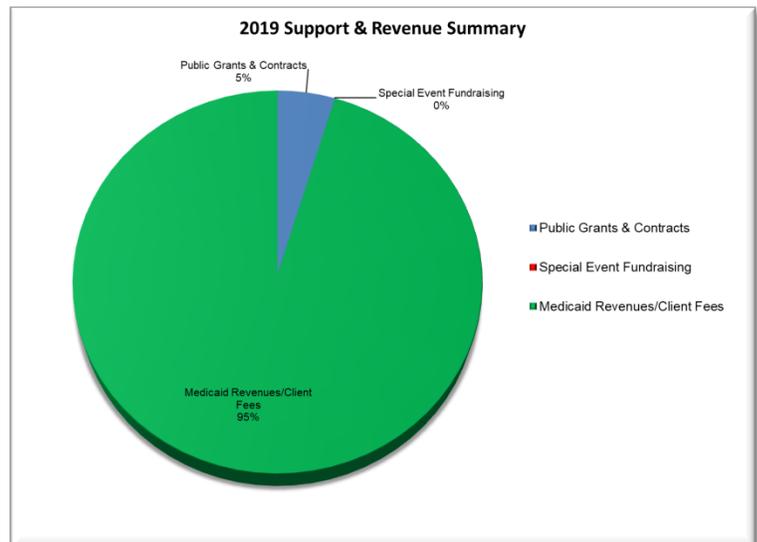
## BUSINESS FUNCTIONS

### Financial/Resource Allocation

Spectrum Healthcare's 2019 annual budget summary is as follows:

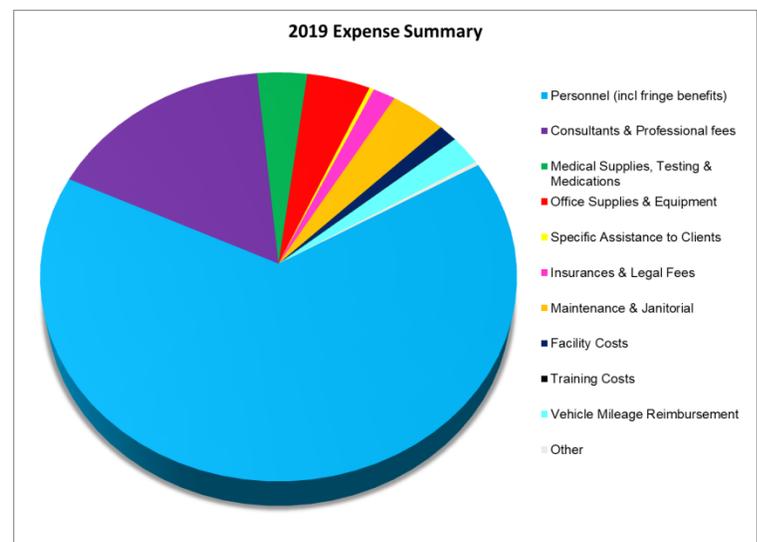
#### Support & Revenue

Public Grants & Contracts	162,566
Special Event Fundraising	0
Medicaid Revenues/Client Fees	3,281,664
<b>Total Support &amp; Revenue</b>	<b>\$3,444,230</b>



#### Expenses

Personnel (incl fringe benefits)	2,250,422
Consultants & Professional fees	566,833
<b>Total Personnel Costs</b>	<b>\$2,817,255</b>
Medical Supplies, Testing & Medications	123,892
Office Supplies & Equipment	157,806
Specific Assistance to Clients	11,318
Insurances & Legal Fees	56,110
Maintenance & Janitorial	139,629
Facility Costs	45,908
Training Costs	1,477
Vehicle Mileage Reimbursement	80,058
Other	10,777
<b>Total Operating Costs</b>	<b>\$626,975</b>
<b>Total Expenses</b>	<b>\$3,444,230</b>



The annual audit will be conducted at the end of the agency's fiscal year. The conversion from grants to fee for service and the affordable health care act has benefitted the organization. The Medicaid bundled rate coupled with the increased client census has allowed for sustainability.

#### 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 2020 are as follows:

**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 2020.

**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. Staff is discouraged from hanging an abundance of religious, political, or otherwise sensitive materials in their offices. A multitude of holidays are represented to provide a welcoming environment for all.

**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.

**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.

**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 2018, 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 2019 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.

### HUMAN RESOURCES & PERSONNEL PRACTICES

**Uncertified Clinical Staff & Staff turnover** – SHC will remain vigilant in its efforts of have getting all its clinical staff certified and staff retention efforts. Our recruitment and retention plan focuses on hiring candidates already certified or individuals who have nearly completed the certification process as well as accommodating staff with adjusted work schedules in order to take the needed courses for certification. It 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.

**Wrongful discharge, Lawsuits, Discrimination** – SHC will adhere to best practice in its hiring and termination

policies. Performance issues will be monitored and recorded regularly through supervision and interventions to assist with improving performance will be put into place. SHC will ensure adequate insurance coverage to cover employment practices.

### **FISCAL STABILITY AND FINANCIAL CONTROLS**

**Shift from Advanced pay funding to the FFS mechanism** - SHC 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. 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. Additionally, beginning January 1, 2020, Medicare will cover substance use disorder treatment services for Opioid Treatment Programs. SHC has submitted its enrollment application and hopes to receive approval by March 2020.

**Dependence on State or Local revenue sources** - While SHC remains dependent on state or local revenue sources; we have been actively seeking other funding sources to widen the range of services and persons we serve. SHC has expanded its revenue base and served the community by providing outpatient treatment care for criminal justice referrals. SHC's philosophy also recognizes the notion that drug dependency is a chronic relapsing disorder that may require multiple episodes of treatment before positive changes occur. SHC's philosophy fosters a concept of continuum of care. Using this approach, SHC strives to provide services in a one-stop shopping environment through the design and development of a specialty opioid treatment program with defined continuum of care co-occurring treatment model (OP, IOP, OMT, and MH).

### **MEDICAL ISSUES AND INFECTIOUS DISEASE**

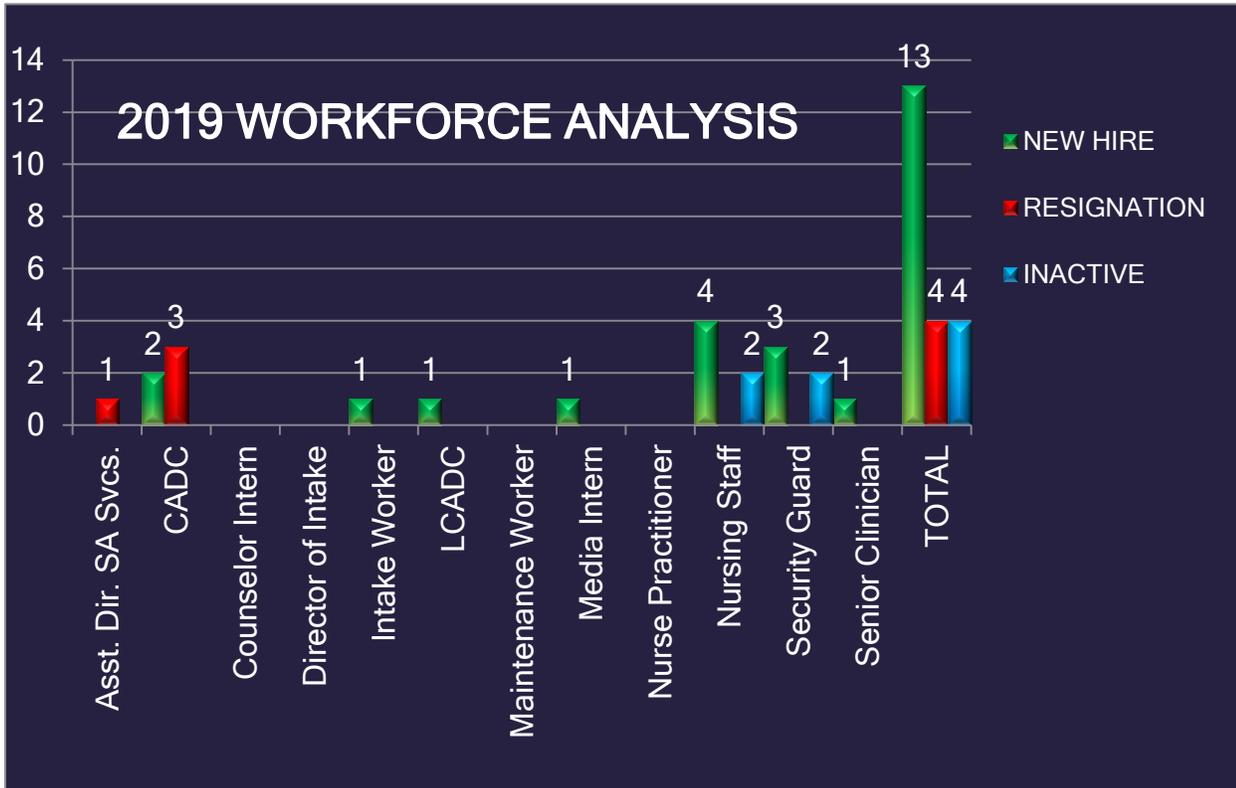
**Diversion and trafficking** - The abuse and addiction to opioids such as heroin, morphine, and prescription pain relievers is a serious global problem that affects the health, social and economic welfare of all societies. Yet, an analysis of opioid-related overdose deaths found that synthetic opioids, such as illicit fentanyl, have surpassed prescription opioids as the most common drug involved in overdose deaths in the U.S. A research letter published in the Journal of the American Medical Association (JAMA) concluded that nearly half of opioid-related deaths in 2016 involved fentanyl. SHC has established policies that minimize the risk of diversion or trafficking of prescribed medications through enhanced Security protocols, staff training and internal protocols.

### **Human Resources**

Staff development and training took place in the following areas: Medications and Co-occurring Disorders, 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, Customer Service and Sexual Harassment.

The State Licensure standards still requires all clinics to have 50% of their counseling staff to become at least Certified Alcohol and Drug Counselors (CADC). During 2019, our collaborative efforts between Clinical Services and Human Resources now include a more active role toward attaining the required clinical credentials. One of the 3 F/T counselors hired was a LCADC. Management continues tracking progress or lack of progress closely and reporting to the ED. Our recruitment and hiring plan continues to focus on hiring candidates already certified or individuals who have nearly completed the certification process.



In 2019, we had 4 resignations and 13 new hires. In addition to hiring replacements, we hired 1 Intake worker, 1 Media Intern to assist with marketing efforts, 3 Security Guards, 1 Senior Clinician and 3 F/T counselors.

## 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

### Weaknesses of system:

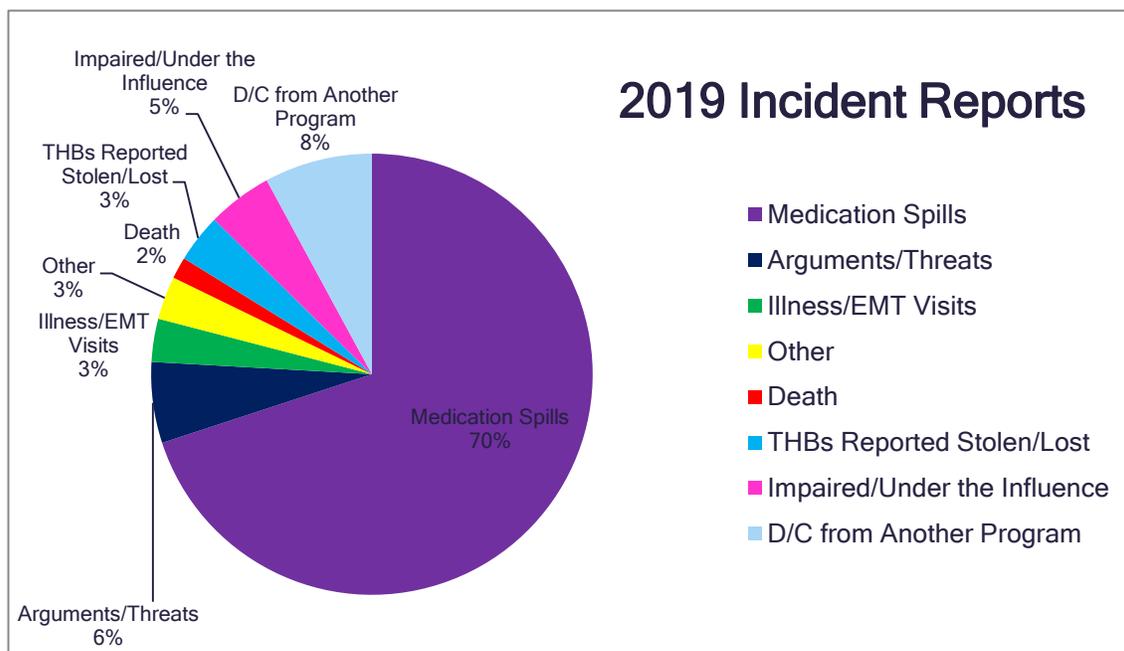
- User training and literacy: user literacy and training is challenging at times and is exacerbated because of new staff in the Clinical department. To address this issue, SHC designed a new training regimen which entails job-specific orientation and direct observation of skills and assistive device needs, if indicated.
- Assist staff in learning new SMART system: Supervisors are still encouraged to train and check the work of their subordinates in order to verify that the training has taken hold. If the user needs more direction we will schedule retraining as necessary.
- Smart Upgrades/Improvements: SHC met with SMART and the senior team as well as support staff on the itemized problems we found. They were accommodating and will solve our ongoing issues with the system. The resolution included a new platform which should improve performance as well as other changes based on our needs including reporting and medicating

### Ongoing Goals:

1. Keep software licenses current.
2. Educate staff on cyber security issues regularly.
3. Consult with outside IT vendors annually for recommendations on hardware, software, and security.
4. Continue to implement system updates to avoid system operation interruption.
5. Educate staff on cyber security issues regularly.
6. Consult with outside IT vendors annually for recommendations on hardware, software, and security.
7. To increase availability to and training on computer systems
8. To use technology for informing clients of medication issues, clinic closings, etc.
9. Utilize Office 365 to its full capabilities
10. Upgrade computers to Windows 10 and hardware including domain server

### Unusual or Critical Incidents

There were 253 incident reports in 2019 which is an increase of 47 over 2018. The following are the categories:



- Medication spills: 177
- Arguments/threats: 15
- Illness/ambulance calls: 8
- Other: 8
- Death: 4
- Discharged from Another Program: 20
- THBs reported stolen/lost: 9
- Impaired: 12

The CQI Committee reviewed the incidents and determined there were no trends. Most of the incidents recorded are medication errors which the EHR system (SMART) requires mandatory documentation of any medication modification in order to proceed. This feature forces the nurse to record any medication error. Additionally, there are a couple of reasons as to why the numbers have been higher the past 2 years; the first is that the number of clients has increased from 569 in 2018 to 596 to 631 in 2019. The other major reason is under reporting. Prior to mid-2017, a majority of the reports were hand written and not being picked up accurately in SMART.

In 2020, the CQI Committee will continue to monitor this area. The annual training will again cover Incident Report writing and the importance of this process. While the increase in the amount of incident reports seems like a more realistic reporting process, CQI still has to explore if this is under reported or in some cases, not reported at all.

## 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.

## 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 provides TB, Hep C and HIV testing for all clients. If the tests are positive than SHC assists the client to make appointments for necessary treatment. In 2019, SHC provided HIV testing as follows:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8	17	17	14	10	2	12	0	2	45	22	18

## Corporate Compliance

During 2019, there were no Corporate Compliance issues.

## Surveys

As part of the Continuing Quality Improvement System, Spectrum Healthcare conducts several surveys during the year. An employee satisfaction and client satisfaction questionnaire was distributed in December 2019. Thirty-eight (38) employees submitted responses which represents the majority of the employees. Most of the responses met or were above the thresholds developed with a mean score of 95.3%. Last year, the CQI Committee asked staff to answer two additional questions. What does SHC do best? and What would you change? It was decided that the suggestions from those questions were helpful. For the client satisfaction survey, twenty-nine clients submitted responses compared to 44 in the previous year. While questions 7, 8 and 9 decreased, there was great improvement noted in questions 5 and 6 regarding family involvement and overall life improvement. For the upcoming year SHC may want to focus on customer service skills. It is the goal of the CQI Committee to evaluate these results and incorporate a plan for remedy into the performance improvement plan if needed.

A multitude of other surveys were conducted this year including two (2) new surveys to measure the technology and Nursing Education at SHC. Based on the results of the technology survey, both clients and staff appear to be satisfied with the technology yielding a mean score of 96%. Orientation survey also resulted in favorable results with 9 clients rating orientation as 10, 2 rating as 9, 3 rating as 8 and 1 rating as 7. Three clients did not provide a rating score. The Intake survey yielded positive results with a mean score of 92.3%. The IOP survey yielded a score needing improvement at 73%. This will be re-evaluated in the CQI process. The Nursing Education survey yielded significantly positive results with 138 responses with a mean score of 92.8%.

## 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.

### 2019 Performance Results are as follows:

#### Effectiveness Measures

- 91.8% of all clients discharged from the program were abstinent from alcohol
- 60.2% of all clients discharged from the program were abstinent from other drugs
- 29.1% % of all clients discharged from the program were employed
- 4.6% of clients discharged from the program were enrolled in school or a job training program
- 57% of all clients are receiving take-home bottles
- 17.3% of clients discharged from the program completed their treatment plan compared to a State average of 18.7%

#### Efficiency Measures

- Staff turnover rate will not exceed 35%

### Access Measures

- All clients seeking services will be scheduled for intake within 48 hours
- Average length of stay at SHC is 1039 days

### Satisfaction Measures

- 100% of clients responding to the survey will feel their life has improved since receiving treatment at SHC
- 97% of clients who respond would recommend SHC to family and friends
- 92.3% of individuals entering SHC through intake process reported positive experiences
- 95.3% of staff will report being proud to work for SHC
- 96% of clients and staff are satisfied with the technology at SHC
- 92.8% of clients responded favorably to Education provided by the Nurses

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 2020, the Committee will be able to address some of the concerns that were identified in 2019. The Strategic Goals for 2020 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	
2018 Results	
2019 Results	

## Utilization – Admissions & Discharges

ADM 2017	D/C 2017	ADM 2018	D/C 2018	ADM 2019	D/C 2019
438	410	411	284	460	391
Total Census Total Census 445		Total Census Total Census 569		Total Census Total Census 631	

## Demographics

Race/Ethnicity	2017	2018	2019
African-American	134	198	207
Caucasian	158	173	193
Hispanic	141	180	208
Other	12	18	23
Gender	2017	2018	2019
Female	163	201	208
Male	282	368	423
Age	2017	2018	2019
18-20	0	0	0
21-24	1	5	5
25-29	10	18	23
30-34	23	24	35
35-44	56	75	74
45-54	170	217	222
55-over	185	184	272
Length of Stay	2017	2018	2019
Less than 30 days	19	30	34
31-60 days	14	23	26
61-90 days	15	23	27

91-120 days	36	20	25
121-150 days	9	23	35
151-180 days	20	14	23
181 days -1 year	66	91	151
1-2 years	65	108	71
2-3 years	29	53	52
Over 3 years	172	184	187
<b>Phase Census</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Phase 1	49	82	127
Phase 1A	122	138	142
Phase 2	33	72	72
Phase 3	61	86	102
Phase 4	66	75	69
Phase 5	84	87	86
Phase 6	31	30	33

## 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.

### **Peer Review**

Client care was monitored during weekly clinical staff meetings at which time treatment plans, progress notes and client advancement were reviewed.

### **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.