

CLEARPATH CLINIC

2025 ANNUAL PERFORMANCE ANALYSIS

Performance Measurement, Management, and Improvement Report

Effective Date: January 1, 2026

Standards Referenced: CARF 2022 – Sections 1.M and 1.N

EXECUTIVE SUMMARY

Clearpath Clinic, an Opioid Treatment Program (OTP) of the Center for Alcohol and Drug Treatment (CADT), conducted its annual Performance Analysis in accordance with CARF Standards 1.M (Performance Measurement and Management) and 1.N (Performance Improvement). This report summarizes data collected January 1–December 31, 2025 and evaluates organizational effectiveness, efficiency, access to care, stakeholder experience, and business functions.

Key accomplishments in 2025 included:

- 100% quarterly achievement of jail referral initiation targets.
- 29.6% overall reduction in medication errors compared to 2024.
- Zero discharges due to diversion.
- Decrease in total incident reports by 21.8%.

Primary areas identified for improvement include:

- Medication error reduction (target not fully met).
- Employee satisfaction and retention.
- Community referral conversion rates.
- Dosing efficiency and patient wait times.

Performance findings were reviewed by leadership and integrated into 2026 strategic and operational planning.

ORGANIZATIONAL OVERVIEW

Clearpath Clinic provides medication for opioid use disorder (MOUD) including methadone and buprenorphine, along with behavioral therapies and access to the Center for Alcohol and Drug Treatment's other program offerings (such as

Withdrawal Management, Mental Health Services, Residential, Outpatient and Gambling Treatment). The clinic operates under federal, state, and local regulations and serves adults age 18 and older throughout Southern St. Louis County and surrounding regions.

Mission

To improve personal, family, and community health through addiction prevention, treatment, and recovery services.

Vision

A community in which people's potential and quality of life are not limited by addiction and its consequences.

Core Values

Compassion, integrity, community, stewardship, and joy.

All performance indicators align with CADT's 2024–2026 Strategic Plan and are reviewed annually during strategic planning.

PERFORMANCE MEASUREMENT FRAMEWORK (CARF 1.M)

Clearpath maintains a formal system for collecting, analyzing, and using data to drive improvement. Indicators represent the following required domains:

- Service Access
- Effectiveness (Results for Persons Served)
- Efficiency
- Experience of Persons Served
- Experience of Stakeholders
- Business Function and Sustainability

Each performance measure includes:

- Defined indicator
- Target benchmark
- Data source
- Timeframe
- Responsible party
- Results

- Analysis
- Improvement action

Targets are established based on historical performance (2022–2024 trends) and adjusted annually to promote incremental improvement.

ENVIRONMENTAL AND INFLUENCING FACTORS (1.M.2.d)

Significant operational influences in 2025 included:

- Nursing shortages resulting in increased workload and elevated risk for medication errors.
- Leadership turnover affecting tracking consistency in select measures.
- Increased admissions of unhoused individuals (+48%).
- Increased Native American admissions (+26.3%).
- Emergence of xylazine and carfentanil increasing clinical complexity.
- State-level OTP unbundling uncertainty impacting financial planning.

These factors were considered in performance analysis and 2026 improvement planning.

CHARACTERISTICS OF PERSONS SERVED (1.M.2.b)

- Adults age 18+ diagnosed with Opioid Use Disorder (DSM-5 criteria).
- Slightly higher proportion of male patients.
- 48% increase in patients experiencing homelessness at admission.
- 26.3% increase in Native American admissions.

Leadership is evaluating culturally responsive and housing-support partnerships to better address these trends in 2026.

SUMMARY OF PERFORMANCE RESULTS BY DOMAIN

SERVICE ACCESS

Jail Referral Initiation

Target: 50% initiation rate

Result: Goal met all quarters (Q1–Q4: 50–100%)

Analysis: Strong coordination with jail partners.

Improvement: Expand telehealth intake to additional facilities.

Community Referral Admissions

Target: 40% of admissions

Result: Not met (range 15.7%–39.5%)

Analysis: Majority of admissions are self-referrals. Referral pathway clarity needs improvement.

Improvement: Streamline referral communication and provide regular updates to partners.

Comprehensive Medication Management Utilization

Target: 60% attendance of scheduled CMM appointments

Result: Met one quarter; tracking lapse in Q4 due to staffing transition.

Corrective Action: New standardized tracking process implemented January 2026.

EFFECTIVENESS (RESULTS FOR PERSONS SERVED)

Fentanyl Use Reduction

Target: <30% unfavorable screens at 9–12 months

Result: Not met (46%–55%)

Analysis: Reflects community-level fentanyl prevalence. Improvement noted from intake to 9-month mark.

Improvement: Increase testing strip distribution and patient education.

Xylazine Use Reduction

Target: <10% unfavorable screens at 9–12 months

Result: Met one quarter (8%)

Analysis: Rising community prevalence influenced results.

Improvement: Continue harm-reduction education and testing distribution.

Dosing Consistency

Target: 80% improvement after attendance agreement

Result: 62.5%–79.7%

Analysis: Agreements effective but not consistently meeting target.
Improvement: Additional counselor training completed; objective retained for 2026.

EFFICIENCY

Medication Error Reduction

Target: 50% reduction from 2024 baseline
Result: 29.6% overall reduction
Analysis: Progress noted; staffing shortages contributed to risk.
Improvement: Quarterly targeted nursing trainings implemented for 2026.

EXPERIENCE OF PERSONS SERVED

Patient Satisfaction

Target: 80% agree/strongly agree
Result: 76.5%–81.9%
Analysis: Satisfaction high overall; key concern identified as dosing wait times.
Improvement: 2026 objective added to track and improve dosing efficiency.

EXPERIENCE OF STAKEHOLDERS

Community Engagement

Target: Minimum one outreach activity per month
Result: Met
Analysis: Engagement stable; initiative groups consolidated.
Improvement: Continued participation in Opioid Work Group.

Law Enforcement & Human Services Coordination

Target: Quarterly meeting attendance
Result: Met
Analysis: Collaboration maintained; group consolidation noted.

Stakeholder Survey Highlights:

- 72% view Clearpath as reputable harm reduction provider.
- 45% indicate referral process is easy to navigate.

Improvement efforts will focus on referral clarity and communication.

BUSINESS FUNCTION

Employee Satisfaction

Target: 80% satisfaction

Result: 50%–58.9%

Analysis: Low response rate; staffing pressures likely contributor.

Improvement: Digital survey refinement and retention initiatives for 2026.

Diversion Prevention

Target: <10% diversion-related discharges

Result: 0%

Analysis: Policies and monitoring effective.

Improvement: Ongoing training maintained.

INCIDENT AND HEALTH & SAFETY REVIEW

- 43 total incidents (21.8% decrease from 2024).
- 19 medication errors.
- 13 emergency service calls.
- 1 patient death (off premises).
- 1 suicide (off premises).

All incidents reviewed, trended, and addressed through training and corrective action.

Emergency drills conducted with after-action analysis. Narcan training remains integrated into drills and orientation.

HUMAN RESOURCES ANALYSIS

- Lost four nurses; hired three.

- Recruitment partnerships expanded with local colleges.
- Paid internships and loan forgiveness programs leveraged.

Staffing shortages identified as operational risk area. Recruitment and retention prioritized in 2026 planning.

TECHNOLOGY REVIEW

- Dual EHR system remains efficiency challenge.
 - Internet outages impacted operations.
 - Fiber-optic transition planned for early 2026.
 - Telehealth utilization expanded.
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PERFORMANCE IMPROVEMENT PLAN FOR 2026 (CARF 1.N)

Key improvement initiatives include:

1. Enhanced medication error training (quarterly trend-based review).
2. Dosing wait-time tracking and workflow optimization.
3. Strengthened induction process for new patients.
4. Revised Comprehensive Medication Management referral process.
5. Increased housing collaboration for unhoused patients.
6. Improved employee engagement and retention strategies.

Leadership will review performance data quarterly. The CADT Board will receive and review the annual Performance Analysis to inform strategic oversight.

COMMUNICATION OF PERFORMANCE INFORMATION

Performance results are shared through:

- Quarterly staff meetings
- Electronic communications
- Patient advisory groups
- Website posting of annual summary
- Board of Directors review

Information is presented in accessible language for persons served and stakeholders.

CONCLUSION

Clearpath Clinic maintains a comprehensive performance measurement and management system consistent with CARF standards. Data collected in 2025 demonstrate continued commitment to access, safety, harm reduction, and community collaboration. While several targets were not fully met, analysis identified actionable improvement strategies that have been incorporated into the 2026 Performance Measurement and Management Plan.

Clearpath remains committed to continuous quality improvement and responsive adaptation to emerging community needs.

CARF STANDARDS CROSSWALK (Sections 1.M and 1.N)

The following table summarizes how Clearpath Clinic's 2025 Performance Analysis aligns with CARF 2022 Standards 1.M (Performance Measurement and Management) and 1.N (Performance Improvement).

CARF Standard	Requirement Summary	Location in Report
1.M.1	Written performance measurement system	Performance Measurement Framework section
1.M.2	Ongoing data collection across required domains	Summary of Performance Results by Domain
1.M.2.a	Alignment with mission and strategic plan	Organizational Overview; Executive Summary
1.M.2.b	Characteristics of persons served analyzed	Characteristics of Persons Served section
1.M.2.d	Consideration of influencing factors and risks	Environmental and Influencing Factors section
1.M.2.f	Communication of results to stakeholders	Communication of Performance Information section
1.M.3	Defined indicators, targets, timeframes, data sources	Performance Measurement Framework and domain summaries

CARF Standard	Requirement Summary	Location in Report
1.M.3.a(5)(6)	Data integrity and use of results for decision-making	Performance Measurement Framework; Improvement Plan 2026
1.N	Use of performance results for improvement	Performance Improvement Plan for 2026 section

This crosswalk demonstrates systematic alignment between performance activities and accreditation standards.

MINNESOTA DHS AND OTP REGULATORY ALIGNMENT

Clearpath Clinic operates in compliance with Minnesota Rule 245G, DHS OTP requirements, and applicable federal regulations (42 CFR Part 8). The 2025 Performance Analysis integrates state-required quality improvement expectations as follows:

DHS Quality Improvement Requirements

- Diversion monitoring and reporting are tracked through discharge data and incident reports.
- Coordination with Community Solutions for Substance Use and Recovery (CSSUR) and Opioid Work Group (OWG) meetings fulfills DHS collaboration expectations.
- DAANES reporting ensures compliance with state and federal outcome reporting requirements.

Medication Safety and Diversion Control

- Medication error tracking and quarterly trend analysis meet expectations for medication management oversight.
- Diversion prevention training and camera monitoring reflect adherence to OTP security requirements.

Access to Care and Continuity of Services

- Jail-based telehealth intake and continuation of MOUD during incarceration support state priorities regarding continuity of care.
- Emergency dosing procedures and disaster preparedness align with OTP operational continuity standards.

Telehealth Compliance

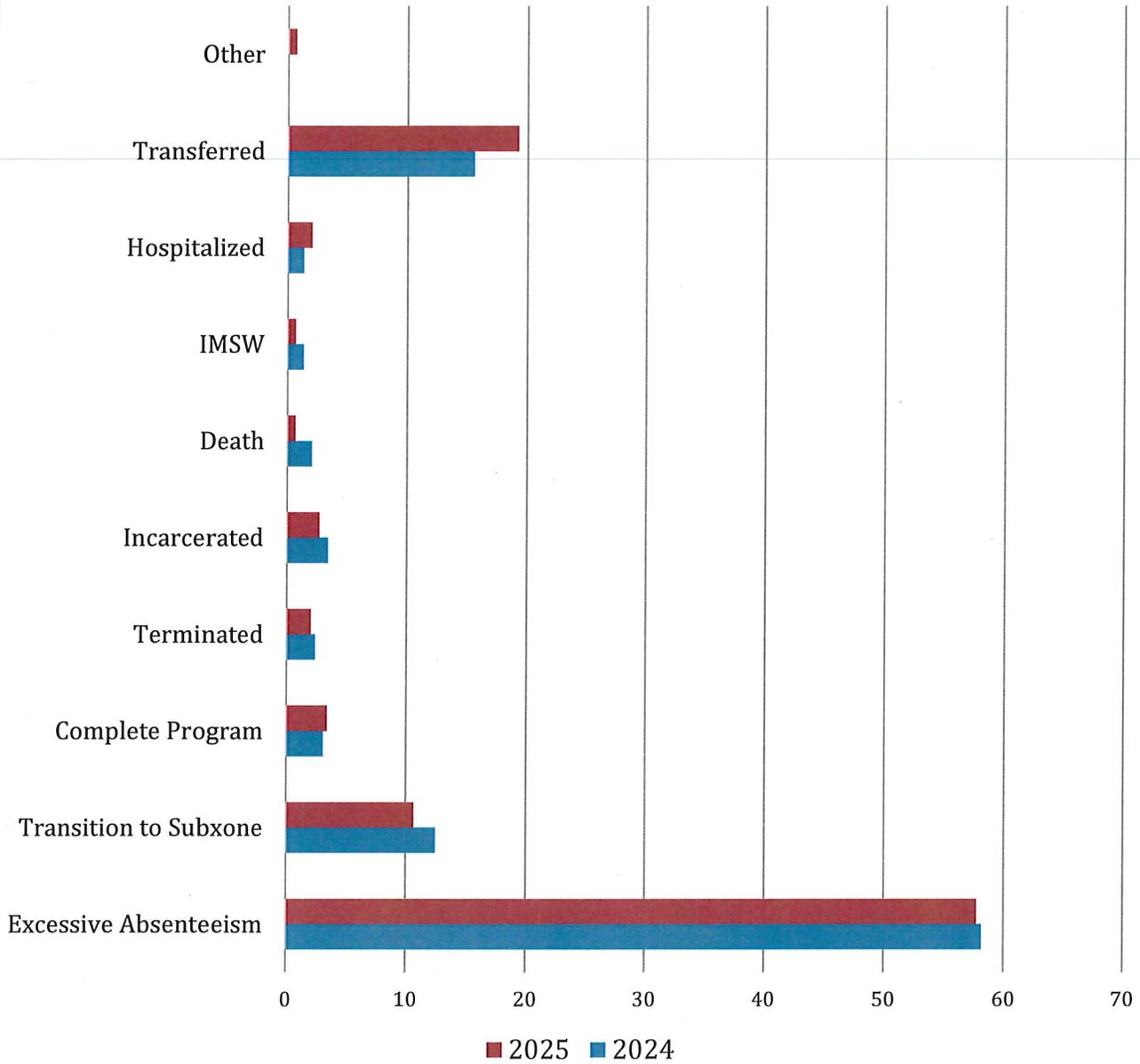
- Staff receive telehealth training consistent with Minnesota Statute 256B and DHS telehealth billing requirements.
- Internet infrastructure improvements planned for 2026 mitigate service interruption risk.

Cultural and Community Responsiveness

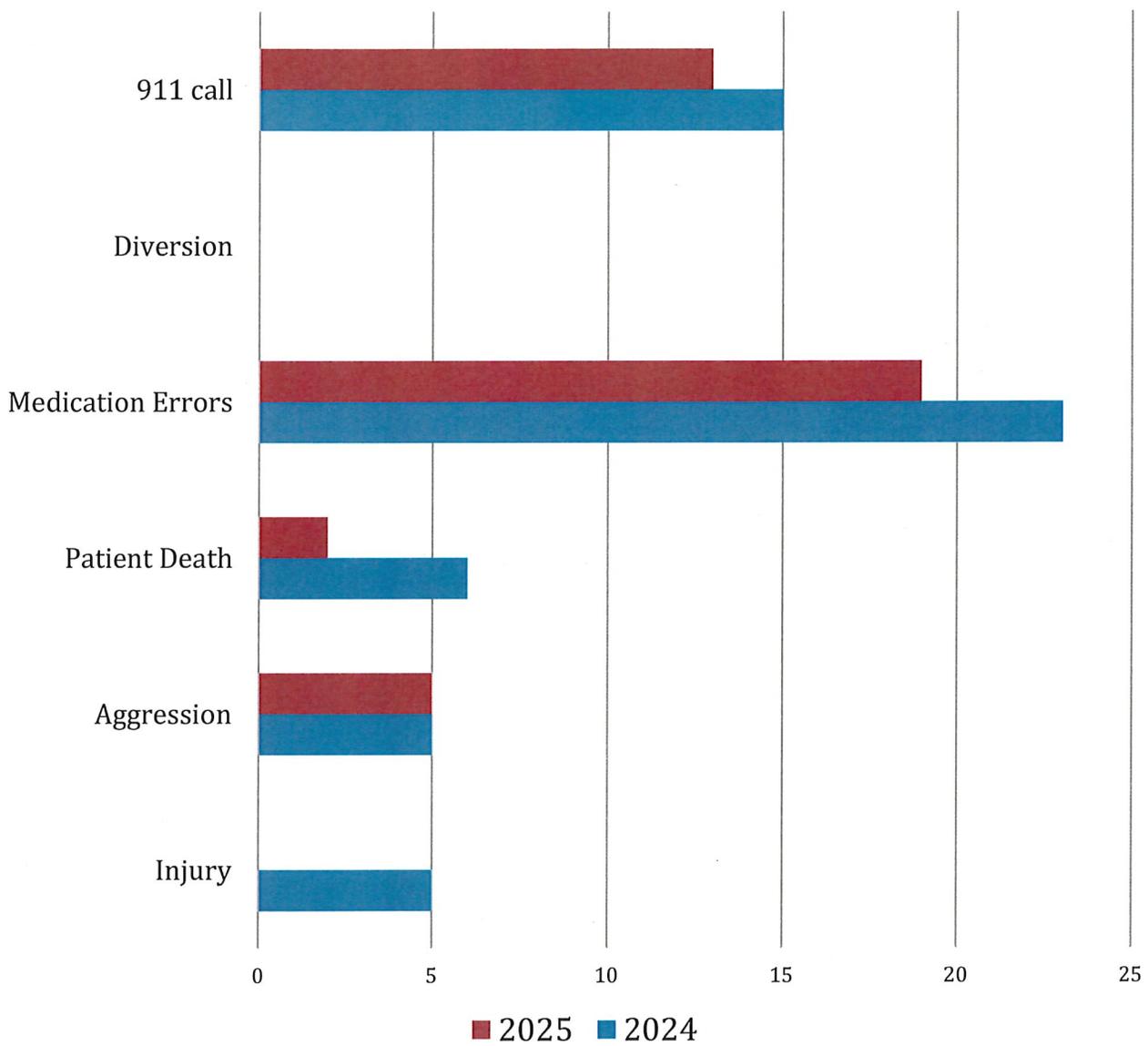
- Increasing Native American admissions and unhoused individuals are identified trends.
- Leadership is incorporating housing partnerships and culturally responsive outreach strategies into 2026 improvement initiatives.

Clearpath Clinic's performance measurement, regulatory compliance, and continuous improvement efforts demonstrate integrated oversight across accreditation, state regulation, and federal OTP requirements.

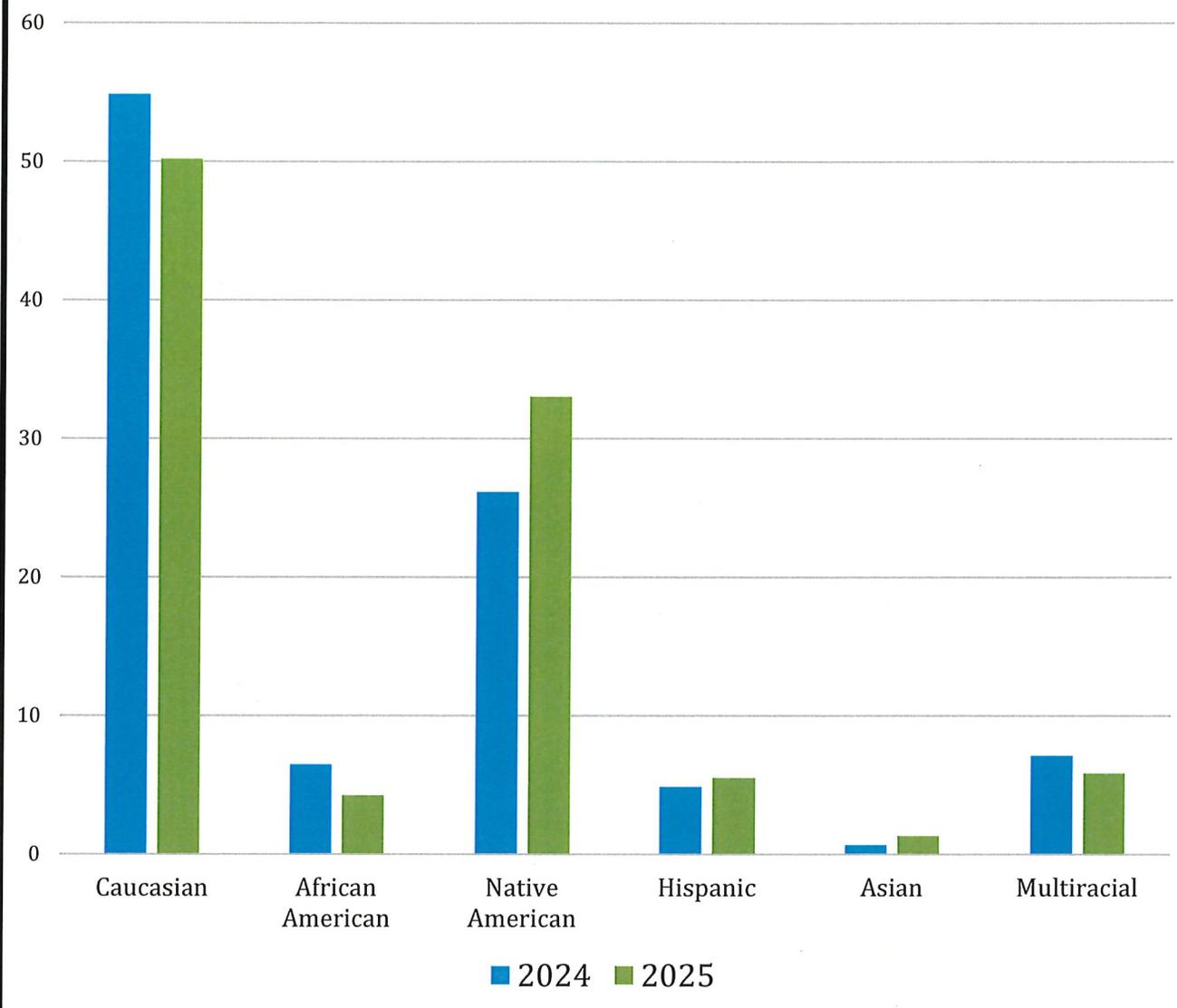
2024 vs 2025 % Discharge by Category



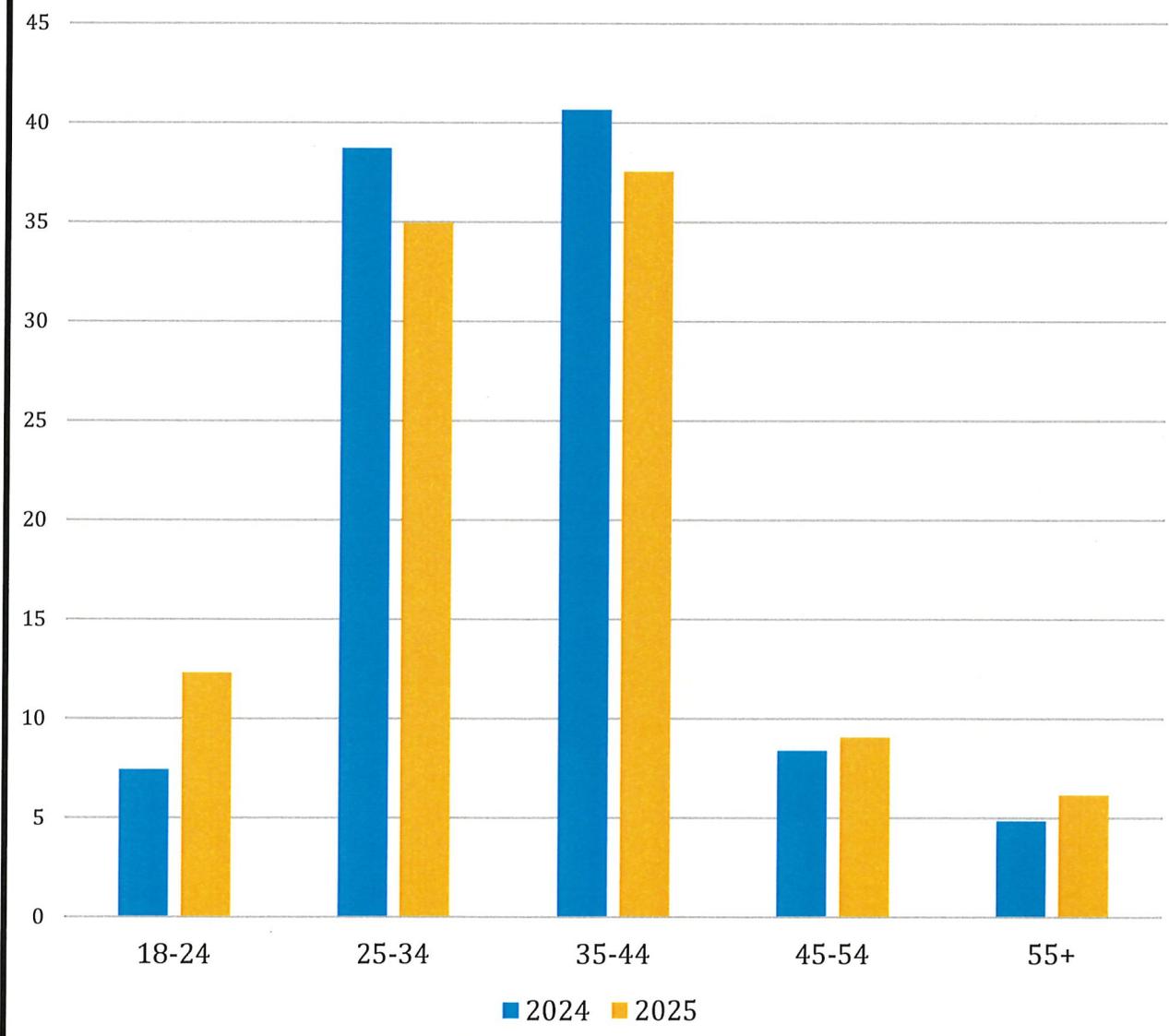
2024 vs 2025 Incident Comparison



2024 vs 2025 % Race/Ethnicity at Admisson

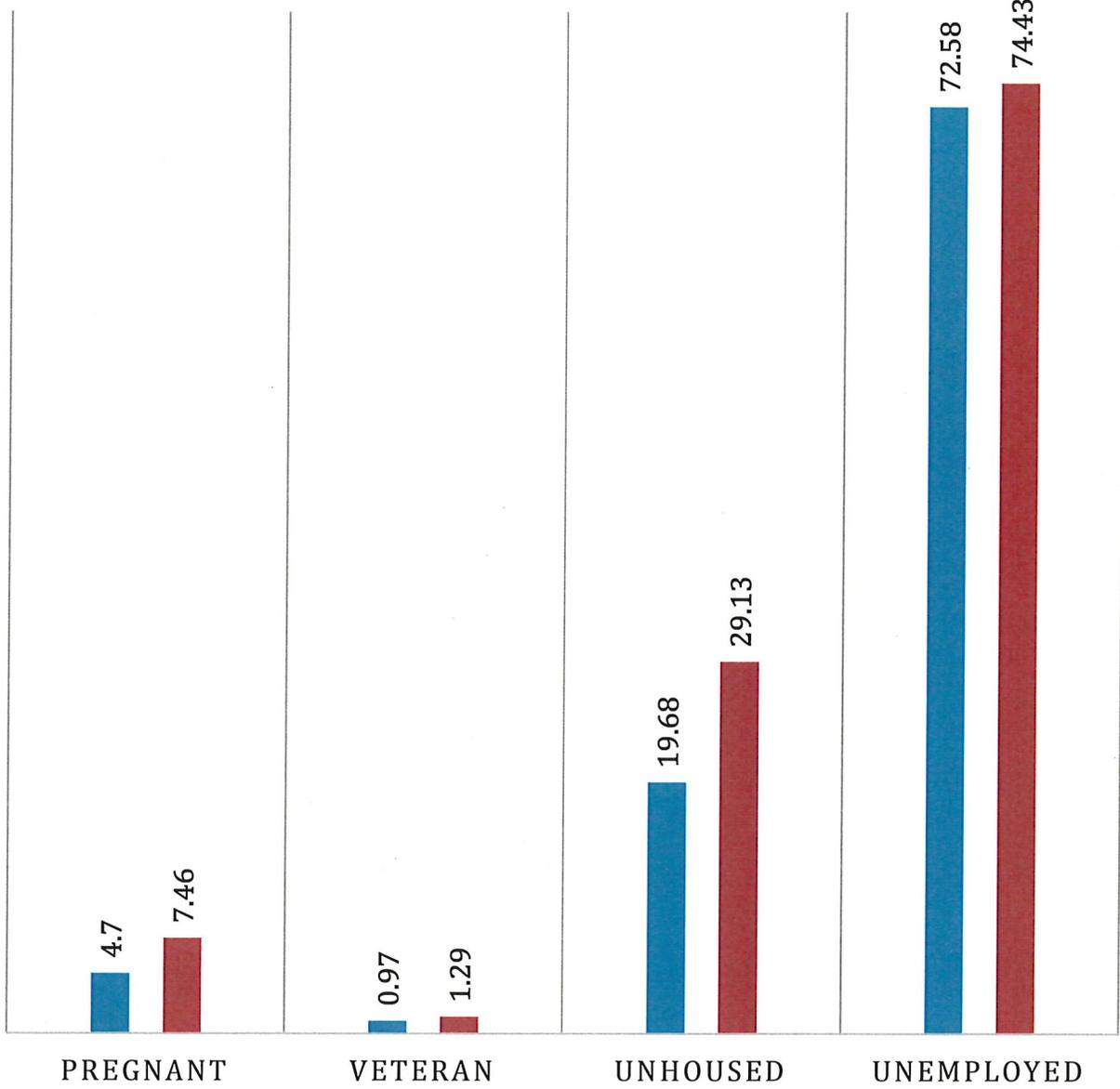


2024 vs 2025 % Age at Admission



2024 VS 2025 % OTHER ADMISISON DATA

■ 2024 ■ 2025



CLEARPATH CLINIC 2025 STAKEHOLDER SURVEY RESPONSES

- 1) 72% of respondents “agreed or strongly agreed” to Clearpath being a reputable harm reduction program.
- 2) 58% of respondents “agreed or strongly agreed” to being likely to refer someone struggling with opioid use disorder to Clearpath Clinic;
- 3) 45% of respondent “agreed or strongly agreed” that the referral process for Clearpath is easy to navigate.
- 4) 63% of respondents “agreed or strongly agreed” that they have had positive communication experiences with Clearpath Clinic.
- 5) 73% of respondents “agreed or strongly agreed” that the location of Clearpath Clinic is easily accessible to most patients; remaining responses were “neutral”
- 6) What activities and/or outcomes of this program matter most to you: Working relationship with facilities to continue patient medication to maintain the best possible outcome, Helping our community members with Opioid Use Disorder, Individuals get services they need in a timely manner, Strong partnerships, Communication.

CLEARPATH CLINIC 2025 PATIENT FEEDBACK ANALYSES

Positive feedback (16.5% average)

- Staff praised as life-saving and supportive
- Harm-reduction approach widely valued
- Patients credit the program with sobriety and life stability
- Long-term patients report improved stability and employment

Areas of improvement (70.5% average)

- Wait times/dosing speed
- Take-home and phase progression
- Parking
- Cost for individuals without insurance/funding