2026 ACCESSIBILITY PLAN

Clearpath Clinic

Medically Assisted Treatment & Recovery
A Program of the Center for Alcohol & Drug Treatment

The purpose of the Accessibility Plan is to promote accessibility and remove barriers for the persons served and other stakeholders. Clearpath Clinic addresses accessibility concerns to enhance the quality of life for those served by the Clinic; implement nondiscriminatory employment practices and meet legal and regulatory requirements; and meet the expectations of stakeholders in the area of accessibility. This report and improvement plan is meant to enhance access to programs, services, facilities for the community and is developed to reflect the diversity of persons served, personnel and stakeholders. The Clinic solicits input from persons served through Satisfaction Survey feedback, and a monthly group offered with the Treatment Director (Patient Advisory Group). Stakeholder feedback regarding accessibility is solicited through a biannual Stakeholder Survey, as well as through multiple community meetings where stakeholders are in attendance.

Assessment and Practices
In order to assess accessibility, Clearpath Clinic examined its identification of barriers in the following areas:

- Architecture (physical)
- Environment
- Attitudes
- Finances
- Employment
- Communication
- Technology
- Transportation
- Community Integration

Any identified barriers to service are addressed biannually and include:

- Actions to be taken
- Timelines for those actions
- Additionally, an annual review of progress made in removing the identified barriers is documented as well as any further areas needing improvement.

ARCHITECTURAL BARRIERS

Architectural barriers are physical features that limit or prevent people with disabilities from obtaining the goods or services that are offered. Clearpath Clinic is located at 1402 E. Superior Street in Duluth, MN, and was built in compliance with the Americans with Disabilities Act (ADA). Patients park in the parking lot on Superior Street where there is a direct entry/accessible entrance to the building. The clinicis located in the lower level of the 1402 building, and is accessible by either stairs or an elevator for patients with mobility challenges. In addition to the

elevator, there is a same-level entrance at the back of the clinic on Jefferson Street that can be an option for patients with more significant mobility challenges, or for patients with other issues requiring them to separate from other patients. There is an accessible window that is wheel chair level at both the front desk/check-in area, as well as at dosing window #5 so that patients who need to remain in their wheel chairs can comfortably check in and receive their medication from the nurse.

Architectural barriers are identified through the incident reporting process and/or through inspections conducted by the Safety Committee representative. Alterations and improvements are made in response to identified areas of concern as they arise. The stairway can become slippery and dirty during winter months due to sand, salt and snow being tracked in on patients' shoes and boots. The stairway is therefore monitored more closely during winter months and cleaned multiple times daily as needed or if reported by staff or patients to be in need of upkeep. When areas are wet or dirty, safety signs/cones are posted in the area until it can be properly cleared/cleaned. Anti-slip grip strips are secured to each step to prevent slippage. There are rugs in both the stairway and the lobby to help reduce the wetness that gets tracked in during snow events. Fans are mounted to the stairway area and floor fans are used on days where more snow and dirt are tracked in. Security guards monitor the stairway area as well and clean up as needed.

The physical number of patients coming in and out of the clinic each day can present architectural (and in some cases, environmental), barriers as well. Having large numbers of patients in the clinic at the same time can increase safety concerns. In 2025, the census at Clearpath Clinic increased from 600 on January 1st, 2025, to 617 on December 31st, 2025.

Clearpath Clinic LPNs and RNs have been trained in the pre-pour method to accommodate these circumstances, which also reduces wait times for patients.

In 2025, Clearpath Clinic experienced longer patient wait times due to reduced nursing staff. The clinic continues to refer patients to CADT's OBOT program and collaborates with local medical providers to facilitate alternative MOUD options outside of the OTP setting. This approach increases patient access to Suboxone without the stricter requirements of an OTP and expands availability of Clearpath services for individuals seeking methadone treatment. As of December 31, 2025, all current Clearpath patients were prescribed methadone.

IDENTIFIED BARRIERS: Increased wait times due to LPNs and RNs shortage.

ACTIONS TO BE TAKEN: Reassessing and training dosing nurse on minimizing patient's time spent at dosing windows.

TIMELINES: November 30, 2026

ENVIRONMENTAL BARRIERS

Environmental barriers can be interpreted as any location or characteristic of the setting that compromises, hinders, or impedes service delivery and the benefits to be gained. Some service sites may be located in areas where the person served and/or personnel do not feel safe or feel that confidentiality may be at risk. Internal barriers may include noise level, lack of soundproof counseling rooms, and highly trafficked areas used for service delivery. The Treatment Director will monitor and address these barriers throughout the year.

Clearpath Clinic is located in an area of the city that is accessible to the patients via a variety of transportation modes including busing, walking, and medical rides. The Clinic is located in the same building as CADT's Withdrawal Management Unit, which makes it an area in the community already familiar to many of the patients. Clearpath Clinic is located on the bus line. There is a small parking lot available for patients in the upper lot of the building, as well as a staff parking lot behind the building. There is additional parking for both staff and patients on Superior Street and on 14th Avenue, just to the side of the 1402 building. A parking space is left open by the back-door entrance to the Clinic for patients with disabilities in need of quick and comfortable access to services. The security guard escorts patients entering through the back-door entrance.

Because many patients utilize insurance-provided medical transportation, the clinic has seen an increase in loitering activity due to patients needing to wait for other riders to complete clinic-related tasks (i.e., dosing, counseling appointments, etc..). At times, loitering can lead to unfavorable behaviors such as interpersonal conflict between patients.

Patient confidentiality is a priority at Clearpath Clinic. There are separate offices in the reception area for intakes, MNsure applications, or any other paperwork needing to be completed with patients with privacy. Information is stored via secure electronic medical records in Methasoft or Procentive. Clearpath patients are given a patient ID number at intake which the nurses utilize when calling patients over the speaker system. This allows for patient names to remain private. If a patient needs to use the elevator to access the Clinic, he/she will access that elevator in the lobby area that serves the Withdrawal Management Program, which is one floor above the Clinic. The reception area is secure, under video surveillance, and staffed at all times. In addition, patients may also use group rooms in the Clinic to meet with intake staff or counselors for an accessible and confidential space or when social distancing is needed.

Most counselors have a private office. There are three shared counselor offices, and counselors ensure and arrange for confidentiality of patients by scheduling alternating patient appointments, or utilizing the group room and small meeting rooms for their counseling sessions. The Clinic will continue to evaluate and make adjustments to the space as needed throughout 2026, and further evaluate depending on patient census.

IDENTIFIED BARRIERS: Increased loitering due to long wait times.

ACTIONS TO BE TAKEN: Improved training for security guards regarding processes and expectations for patients, training in de-escalation techniques and monitoring of time spent at the dosing windows.

TIMELINES: November 30, 2026

ATTITUDINAL BARRIERS

Attitudinal barriers may include the terminology and language that the Clinic uses in its literature or when communicating with patients, other stakeholders, and the public; how patients are viewed and treated by the Clinic, their families and the community; whether or not patient input is solicited and used; and whether or not the eligibility criteria of the Clinic screens out specific individuals or groups of people.

All promotional SUD MOUD material and/or policies and procedures are reviewed on an ongoing basis by management staff to ensure that bias or potentially offensive language is not present.

Additionally, management staff are involved in community initiatives and help to educate professionals and community members.

Mandatory annual training is provided to all staff members that addresses sensitivity to cultural differences. Medications for Opioid Use Disorder trainings that provide an emphasis on stigma and working towards reducing stereotypes will continue to be offered during 2026. The Treatment Director facilitates a monthly community Opioid Work Group which will continue throughout 2026. In 2026, the Treatment Director, Chief Operating Officer, Chief Executive Officer, Clinical Pharmacist and/or Practitioner continue to attend collaborative meetings with the Justice Involved/SUD MOUD Recovery Group; Midwest Tribal ECHO, CIG meetings, Opioid Work Group, NAS Committee (OB unit at St Luke's hospital); and other pop-up community meetings related to Opioid Use Disorder or Medications for Opioid Use Disorder. The general purpose for most of the workgroups is to collaborate in order to improve continuity of care for patients with Opioid Use Disorder, educate the community about medications for Opioid Use Disorder (MOUD), reduce attitudinal barriers our patients may face in the community and advocate for change that improves care. The quarterly CSSUR Meetings (Community Solutions for Substance Use and Recovery) have now been combined with the Opioid Work Group. Clearpath Clinic is proposed as the hub in a hub-and-spoke model to provide primary care physicians with consultation and problem-solving with their patients.

In addition, CADT/Clearpath is involved in four collaborative grants with Essentia Health, Recovery Alliance Duluth and two with St. Louis County. These proposals helped to fund programs to expand SUD MOUD services within the community and specifically the St. Louis County Jail and Essentia Health, fund an anti-stigma campaign, initiate an alumni group for treatment court graduates and help provide services to families with young children and/or women expecting a child. In all these community groups and initiatives, the theme of reducing stigma for the patients at the clinic is evident and valued.

Clearpath Clinic's training team includes the Treatment Director, Clinical Supervisor, and the Clinical Pharmacist. Providing training on SUD MOUD and MOUD to various counties, local colleges, and local high schools were just a sample of the outreach and trainings done by clinic staff in 2025. All trainings place an emphasis on combatting stigma and improving attitudinal barriers in the area of Substance Use Disorder Treatment with Medication for Opioid Use Disorder. The plan is to continue trainings, education and outreach for 2026 as an effective means of combatting attitudinal barriers.

Clearpath Clinic conducts patient satisfaction surveys with each patient upon admission and every six months following admission to the program. Responses to the survey are reviewed by the Treatment Director and Quality Improvement Committee on a quarterly basis. Goals and data regardingthe Patient Satisfaction Surveys are included in the performance improvement plan. Clearpath's goal remains to maintain an 80% favorable level of patient satisfaction and complaint resolution.

IDENTIFIED BARRIERS: Ongoing stigma related to persons using medications for Opioid Use Disorder

ACTIONS TO BE TAKEN: Develop and participate in an Anti-stigma campaign with RAD including a emphasis on Narcan education and administration.

TIMELINES: November 30, 2026

FINANCIAL BARRIERS

Clearpath has made it a priority to create a financially sustainable clinic (2024-2026 Strategic Plan). This requires the clinic to increase patient intake attendance, decrease patient absenteeism and increase collaboration with stakeholders and referral sources.

Clearpath Clinic continues to be funded through a per diem rate established by the State of Minnesota and adopted by most health plans for both State sponsored (Medicaid) and commercial products. This rate has been below our "break even" cost at the original design capacity (525 patients). Dependent upon census, CADT has utilized margins generated by the other programs and services it offers to maintain the operation of the Clinic, while simultaneously working to build the census. Currently in 2026, there is only one payer (low volume claims) that is experiencing hiccups processing payment of the 1115 rates. Though this payer has low volume claims, it is important to note that slow or inaccurate payment of services causes cash flow issues and higher accounts receivables.

As of June 1st, 2026, Opioid Treatment Programs (OTP) in Minnesota have unbundled and moved to a weekly bundled dosing rate and which allows OTPs to bill for other provided services like treatment coordination and peer recovery support. Additional finance staff will be needed and training will need to be provided.

Clearpath Clinic is enrolled to bill Medicare Part B recipients. At the time of this update there are 20 Medicare Part B patients. Requirements still remain to necessitate deep knowledge base for Medicare billing. There are many audits and additional work needed related to eligibility and submitted claims. CADT has not seen issues with getting paid for these services but there are some aged balances related to cross-over claims that are being worked by the finance team.

Intake staff works closely with financial staff to determine a patient's funding source prior to the start of treatment and with potential patients offering possible alternative solutions to explore when a patient is having difficulty obtaining funding for treatment.

Even with the care of intake and financial staff claim issues come up throughout the year that can impact cash flow for this program. Some may include but are not limited to: claim denials for several reasons ranging from documentation, patient follow through and insurance retro terminations. This then affects CADT's ability to get claims paid by health care plans. In turn, the claim may become patient responsibility. CADT works with the patients on how much they can pay but the collection process is slow as most patients do not have excess funds. This is also a risk to CADT from what we have seen once the patient is no longer dosing at the clinic, there is no urgency in paying their balance.

Despite all of the barriers, Clearpath Clinic seeks to reduce and/or eliminate financial constraints that may restrict the ability of all eligible patients to access any services consistent with their needs and preferences while balancing the viability of the program and financial impacts.

IDENTIFIED BARRIERS: Understanding the implications of "unbundling" OTP services.

ACTIONS TO BE TAKEN: Treatment Director will be tracking all billable services being offered where appropriate and the documentation to bill for services. As trends are identified, training will be provided to address those trends.

TIMELINES: November 30, 2026

EMPLOYMENT BARRIERS

Clearpath currently bills per diem with rates that have not changed with inflation. CADT is challenged to keep wages and benefits competitive due to the lack of rate changes.

Clearpath Clinic recognizes that the Americans with Disabilities Act (ADA) and its policies prohibit discrimination in all employment practices, including job application procedures, hiring, firing, advancement, compensation, training, and other terms, conditions and privileges of employment. It applies to recruitment, advertising, tenure, layoff, leave, fringe benefits, and all other employment- related activities. The Management Team reviews policies at least annually and updates policies as needed.

The employee's direct supervisor may accommodate a request from an employee for reasonable accommodations to address any disability issues the employee may have. All requests for reasonable accommodations are handled on a case-by-case basis.

All open positions are posted at each CADT facility and on several websites on the Internet, including online employment websites. CADT has opened paid internship positions in the effort to help maintain staffinglevels and recruit new staff; however, DHS places limitations on interns in an OTP. CADT offers two education assistance programs, Success In Education and a Dual Training Grant that allows funding assistance for LPN and LADC students. CADT is also helping employees with the Public Service Loan Forgiveness and tuition reimbursement/loan forgiveness through the Minnesota Urban Mental Health Professionals loan forgiveness program.

CADT leadership regularly evaluates staffing patterns and adjusts our staffing resources in order to ensure high quality service provision. In 2025, Clearpath struggled to maintain adequate nursing staff. To address the staffing shortage challenge, Human Resources expanded their outreach and recruitment activities by targeting current and future LPN candidates (including frequent visits to local colleges and job fairs). CADT adjusted its onboarding procedures to expeditethe process while continuing to provide comprehensive training for new hires.

IDENTIFIED BARRIERS: Through Nurse Training plan

ACTIONS TO BE TAKEN: Clearpath Leadership team will organize all day training days. The clinic will be closed a minimum of one time in the next 6 months to complete an all day training for all staff relevant to each job role.

TIMELINES: November 30, 2026

COMMUNICATION BARRIERS

Communication barriers include the absence of telecommunication devices for the deaf (TDD) and the absence of SUD materials in a language that is understood by the patient. Clearpath Clinic currently does not have a TDD. ASL interpreters are available through subcontract. Clearpath Clinic offers an accessible, user-friendly website that makes it possible to share material about the agency and its programs and services. In 2025 stakeholders were surveyed and Clearpath received a response stating the communication with Clearpath has improved.

Arrangements for foreign language translators are made on an as needed basis.

Any patient that displays learning disabilities will be further evaluated and accommodations will be made to meet the needs of the patient on a case-by-case basis, as need arises.

Staff communication is facilitated through regular meetings, email and in person. A staff meeting schedule is in place and minutes are kept for each meeting and shared with all staff. Additionally, there is a monthly required reading program to better help educate staff on policies and procedures. Executive and clinic management meetings are held regularly and increased when needed to help clarify policies and procedures as well as to develop better communication between disciplines and improve teamwork.

IDENTIFIED BARRIERS: Lack of staff education on how to utilize translator services in accordance to newly established policy.

ACTIONS TO BE TAKEN: Provide an educational training to staff regarding newly established policy 126 – Interpreter and Translation Services.

TIMELINES: November, 2026

TECHNOLOGY BARRIERS

Technology barriers include the evolving technology, the upkeep of equipment, assistive technology, and issues more specific to the populations served.

In 2025, Clearpath Clinic transitioned from a cloud-based electronic health record (EHR) system to an internet-based platform to improve performance. Throughout the year, the clinic experienced multiple internet outages that temporarily prevented use of the EHR for dosing. These disruptions resulted in extended patient wait times on the affected days.

Telehealth services allowances were approved to continue. Telehealth services can be helpful and an accessible treatment format alternative especially for justice involved patients. In addition to the Telehealth services allowances being approved to continue, 2024 Federal Regulation updates allow for intakes to be completed via Telehealth. As of June 1st, 2026 Clearpath Clinic has began offering psychoeducation groups via Telehealth.

IDENTIFIED BARRIERS: Lack of education regarding use of telehealth Teams platform and CARF telehealth standards of care.

ACTIONS TO BE TAKEN: Provide in depth telehealth training to all Clinic staff.

TIMELINES: November 30, 2026

TRANSPORTATION BARRIERS

Transportation barriers include persons being unable to reach service locations or being able to participate in the full range of services, supports, or activities offered. Clearpath Clinic staff attempts to promote natural supports in meeting transportation needs. The Clinic is located on an established bus line and there are multiple buses running throughout the day to the 1402 building.

In 2025, several Clearpath Clinic patients experienced challenges accessing inpatient treatment due to limited transportation options.

IDENTIFIED BARRIERS: Lack of transportation for patients to attend inpatient treatment programs that do not provide transportation.

ACTIONS TO BE TAKEN: Develop a list of approved medical transportation providers for patients to use when a desired treatment program does not offer transportation.

TIMELINES: November, 2026

COMMUNITY INTEGRATION BARRIERS

Barriers to community integration include any barrier that would keep the person served from returning to full participation in their community job site. Clearpath clinic is the only clinic within a 100 mile plus radius, which can create community integration barriers for patients that need to spend time traveling to obtain their dose and other clinic services. Patients who live farther away from the clinic that have limited or no takeout privileges may have problems obtaining and retaining employment. Clearpath staff works closely with patients to help reduce this barrier by phasing patients up as soon as clinically appropriate in order to support independence from the clinic, free them up to work, and participate in other sober activities. Clearpath also designates a "work card hour" each weekday morning for those who are students or employed, so they can get in and out quickly, and on their way to work or school.

IDENTIFIED BARRIERS: There continues to be large number of patients with "work cards" which can cause a delay in dosing during the designated "work card" hour.

ACTIONS TO BE TAKEN: The Clinical Supervisor or designee will conduct a quarterly review of all patients identified as needing a "work card."

TIMELINES: November 30, 2026

OTHER BARRIERS AS IDENTIFIED BY PATIENTS, PERSONNEL OR STAKEHOLDERS

Previously, patients that have been incarcerated in the local county jails or NERCC have had no access to the medications that they were prescribed through the clinic. That put patients at a high risk for relapse, and potential overdose upon release from incarceration. Clearpath now works with local county jails to be able to continue MOUD services for current patients. In 2024 Federal Regulations were updated to allow for intakes to be completed via Telehealth. This allows individuals the option to initiate services while still incarcerated. CADT is continuing to work towards developing a "Rapid Access, Barrier Free, No Wrong Door" model of care that allows patients immediate access to medication, problem-solves barriers, and gets patients SUD MOUD medication within 12 hours or less of first contact through the Withdrawal Management Program. This is a viable alternative for patients who cannot get into the clinic right away during times when the clinic may be closed for business hours.

IDENTIFIED BARRIERS: Timely access to service initiation for identified individuals who are actively incarcerated.

ACTIONS TO BE TAKEN: Treatment Director will reach out to institutions on a monthly basis to review availability of Telehealth intakes for individuals while incarcerated.

TIMELINES: November 30, 2026

Patient Input
Patent satisfaction surveys are given to patients to fill out at time of intake and again at 6-month intervals of their treatment. Patients consistently complete the surveys and will often provide comments and feedback. The survey results are reviewed on a quarterly basis and patient comments and feedback are addressed. The Treatment Director sends out post discharge surveys to discharged patients who completed the program on a biannual basis.

Patients are informed on the day of intake about the process of filing complaints/grievances. All documented complaints/grievances will be handled and resolved as expediently and efficiently as possible with the goal being patient satisfaction with the resolution, as well as to correct any possible issues in accordance with Clearpath Clinic's Grievance Policy (112). Any trends are noted, reviewed by the Quality Improvement Committee, and steps are taken to rectify any problems.

A Patient Advisory group meeting is offered monthly. This group offers opportunity for patients to share their concerns and ideas with staff. Feedback from patients will be provided to the Quality Improvement Committee and to Clearpath staff to address the legitimate concerns of patients. Clearpath will continue to work on solutions to encourage patients to sign up, attend and actively participate in this group during 2026.

Reasonable Accommodation
Clearpath Clinic subcontracts with agencies and/or individuals to provide necessary specialized services for persons who cannot be accommodated at internal facilities (i.e. dually diagnosed patients – mental illness & developmental disability; patients who need specialty services such as treatment for sexual problems or eating disorders; deaf adults; and those in need of psychiatric services). Reasonable accommodations are identified at intake during completion of the comprehensive assessment and medical assessment. Treatment providers alert the Treatment Director and Practitioner of the need for reasonable accommodation. Clearpath Clinic is considered a Co-occurring Capable program.

Leadership and Responsibilities
The Executive Team and Clearpath Clinic management staff will be the entity responsible for the review of the Accessibility Plan. The Treatment Director will be in charge of the oversight of the Accessibility Plan and task management. The status of the plan will be reviewed annually. The Executive Team is responsible for prioritizing and reviewing the accessibility plan as well as the requests for reasonable accommodations. The Executive Team will evaluate and carefully consider the merits of all requests for accommodation to determine whether any remedial actions are appropriate. All requests will be identified, reviewed, decided upon, and documented. When an agreement has been reached to provide the accommodation, the steps to accommodation may be part of the person's plan. When an accommodation cannot be made, Clearpath Clinic will demonstrate a referral system that assists the person served, personnel or other stakeholders in the use of other resources that are accessible. Processes can be different for requests from persons served versus those made by staff personnel.

Communication of the Accessibility Plan

Clearpath Clinic will create an annual Performance Analysis report. This report will include progress made in the removal of identified barriers and areas needing improvement. Copies of the Accessibility Plan will be made available upon request to patients, employees, stakeholders, and the public. Alternative formats will be available upon request. The Accessibility Plan will be posted to the Clearpath Clinic website and the plan will be reviewed with staff and copies provided to patients and stakeholders via posting in the Clinic and website.

Summary

Clearpath Clinic is active in its attempts to ensure that barriers to service are either nonexistent or minimal through continued self-inspection of facilities, monitoring of annual work plans, and attention to complaints, potential or real barriers can be identified and avoided or mitigated. All barriers noted above are evaluated throughout the year and barriers are responded to as they arise. This plan was reviewed and updated in June, 2026, and will be reviewed by the Executive Team in November, 2026.

Reviewed & Revised

January 2022
January 2023
January 2024
January 2025, April 2025, June 2025, July 2025
January 2026
June 2026