Performance Measurement and Management Plan and report

PACE Recovery Center

INTRODUCTION

PACE Recovery Center is dedicated to a process of continuous improvement of our organization, programs and services based on the collection of information and data that are reliable, valid, and specific, and linked to the Indicators contained in this report. PACE Recovery Center seeks to:

- Address identified needs;
- Improve the organization's business functions and fiscal stability;
- Improve the effectiveness of services delivery
- Improve the access to PACE Recovery Center's program and services;
- Improve Consumer and Stakeholder satisfaction with our efforts.
- Gaps and opportunities in the development and updating of the Performance Measurement and Management Plan

This plan is intended to satisfy the CARF requirement for an annual "performance analysis" and will be used in the annual review of the organization's strategic plan. Copies of this report are distributed to members of the organization's leadership and made available to clients and staff.

Completion of this plan included the review of a number of different performance indicators (summarized below) and, a formal review of the organization's mission statement and core values by leadership. The current mission statement (including core values) was deemed appropriate for the current population served by the organization, the demographics of the organization's client base, and the current treatment environment. The mission statement was found to be accurate and without need for revision. The mission statement will be

formally reviewed at the end of 2023 when the next annual management summary is drafted.

This summary also includes a written description of the organization's outcomes management system, Performance Improvement, Strategic Planning, Organizational Advocacy, and Financial and Resource planning.

BACKGROUND

The majority of PACE Recovery Center's functions, operates on a fiscal year which begins January 1 and ends December 31. Under normal circumstances, the organization will compile end of year data, summarize it in an annual management summary (performance analysis) during the October-November time frame and use the summary for strategic planning purposes for the following year.

OVERVIEW OF DATA COLLECTED BY THE ORGANIZATION

PACE Recovery Center collects and analyzes data/information, all dedicated to Performance Improvement, from a number of different sources including, but not limited to:

1. Financial information including monthly reviews of the organization's financial performance by the organization's leadership; This will be gathered by The program administrator
2. Accessibility status reports as a way to monitor any potential barriers to treatment and to identify necessary corrective actions; This will be completed by the Strategy Officer quarterly
3. Resource allocation as needed to maintain continuity of care and ensure that the

staff has the tools and resources necessary to provide quality care and execute jobs

at high level; This will be managed by the Executive team monthly

4. Annual risk management assessments to identify potential risks and opportunities

for the organization; This will be completed by the Strategy officer

5. Analysis of personnel (human resource) trends related to recruitment, retention and

turnover; This will be completed by the Administrator yearly

6. Technology assessments to ensure that the organization benefits from information

technology and possesses the "hardware necessary to support the accomplishment

of the organization's mission; This will be completed by the strategy officer and Director of Operations quarterly

7. Reports from internal and external health and safety inspections and tests of

emergency plans and procedures; These will be completed by the Administrator yearly

8. Field trends as they are reported to us by staff, marketers, trade

publications, trade associations, accreditation surveyors and other providers; This information will be gathered by the executive team and presented during monthly management meetings

9. Outcomes management questionnaires completed by clients; These will be managed by the Strategy officer and Clinical Assistant quarterly

10. Stakeholder input questionnaires completed by clients, staff and other interested

stakeholders; These questionnaires measure efficiency, experience of services received and other feedback. These will be managed by the Strategy officer and Clinical Assistant quarterly

11. Informal feedback from clients and staff; This will be gathered by the Strategy Officer quarterly

12. Formal client complaints and grievances; This will be gathered by the Strategy Officer as they occur

13. Incident reports; These are completed by case managers as reported to the Strategy Officer for analysis monthly

14. Feedback/results from national accreditation surveys compiled by the Strategy Officer as they occur

15. Feedback/results from regulatory/licensing visits and inspections. Complied by the Strategy Officer as they occur

PRIORITIZED STRATEGIC TARGETS AND OBJECTIVES —2022

The organization established the following strategic goals and objectives 2022:

PRIORITY 1: Improving Program Quality by ensuring policies, procedures, plans, forms and other document are consistent with CARF's standards for substance abuse treatment programs and, by continuing to integrate the standards into all aspects of daily operations; and by Improving Problem Identification and Referral of Clients needing to be screened;

PRIORITY 2: Operate in strict compliance with all state and federal regulatory requirements at all times, maintain all required documentation in support of the organization's regulatory and compliance efforts;

PRIORITY 3: Be more effective with our efforts of Substance Abuse Prevention by raising awareness of our program through a variety of avenues such as developing and enhancing relationships between PACE Recovery Center and the local community; by working collaboratively with other community stakeholders; ensuring that we educate the community about substance abuse and recovery; and by communicating with other providers to build strong recovery support systems for our clients.

STRATEGIC TARGETS AND OBJECTIVES ANALYSIS

PRIORITY 1: As of the date of this summary, we have attained CARF accreditation and are due for re-accreditation in December 2022. We continue to work diligently to ensure that we are operating in "significant conformance" with the majority of CARF's standards but recognize that as a young and learning organization, we need to continually utilize the standards as part of our ongoing quality improvement process.

PRIORITY 2: PACE Recovery Center operates in conformance with all state and federal requirements and is licensed and/or certified by the State of California Department of Healthcare Services as well as the California Department of Social Services. Copies of all licenses are posted onsite and maintained on file in the organization's "Accreditation Materials Binder" for review by accreditation surveyors and regulatory auditors. The Chief Strategy officer will continue to monitor licensure/certification status to ensure that all required licenses and certificates are current and valid, and that renewal documentation is submitted in timely manner to avoid license/certificate expiration.

PRIORITY 3: The organization continues its Organizational Advocacy by conducting marketing, outreach and community education efforts to reduce the stigma associated with substance abuse and treatment. The program believes that being a part of the community means reaching out to others. The program has been proactive by participating in a career day at one of the local schools. To reach the larger community, PACE Recovery Center participated in several conferences, marketed to local therapists, and contributed information to publications distributed by newsprint and electronically.

FINANCIAL AND RESOURCE ALLOCATION PERSPECTIVE

The organization depends on revenue to sustain its operation. The organization has developed a "target budget" as a way to support compliance with CARF's fiscal standards and to identify basic funding needs for PACE Recovery Center. However, financial constraints due to declining commercial insurance revenue will demand creativity in order to meet the organization's targets and objectives.

ACCESSIBILITY STATUS

An Accessibility Status report was conducted internally in October 2021 and revealed areas within and around the administration building that did not meet ADA code due to the structure of the buildings and were not addressed during the renovation of the buildings prior to program occupancy. The specific concern was that the 2nd and 3rd floor bathrooms were not ADA compliant. The bathrooms were remodeled in 2022 to achieve complete ADA compliance. As of the time of this report, the parking area, bathrooms, doorways and elevator are all ADA compliant.

In addition, an informal survey of client, staff and stakeholders revealed that existing parking tended to be full and staff and stakeholders were often required to park offsite. This was remedied by purchasing 10 additional spaces directly abutting the administration building from the adjoining land owner To counter attitudinal barriers and stigma that come with alcohol and drug misuse, it is important to PACE Recovery Center that all clients are treated with dignity, respect and worth. It is also the goal of the PACE Recovery Center to meet the needs of our clients by staying flexible with scheduling and respecting our mission. Above all and most importantly, we are here to support and enhance the quality of life for client's and their families. At this time, there are no employment barriers or transportation barriers.

RISK MANAGEMENT

PACE Recovery Center is committed to long range planning to ensure service continuity and to a formal periodic risk management process as part of the strategic planning process. Areas assessed: 1. Identify any loss exposures, 2. Analyze and evaluate any loss exposures 3. Identify a strategy to rectify identified exposures, 4. Implementation of actions to reduce risks, 5. Monitoring of actions to reduce risks, 6. Report results of actions taken to reduce risks, 7. Implement any necessary changes as may be dictated by a changing service and/or business environment to ensure the inclusion of risk reduction in all quality /performance improvement activities.

The Program Manager or designee is responsible for conducting an annual risk management assessment and compiling the findings for inclusion in the organization's strategic planning and daily operations. The formal Annual Risk Management Assessment is conducted in accordance

with the PACE Recovery Center's policy on risk management and CARF's national accreditation standards.

The findings or assessment considerations conclude that there were no significant changes in the demographics or cultural characteristics of persons served. The additional screening tools that were incorporated into every screening continue to be useful in detecting levels of depression, anxiety, PTSD, and Suicidal/ Homicidal ideations so that the appropriate referrals are made. The main finding of concern is the difficulty in filling vacant staffing positions. This appears to be a nationwide issue in our field as anecdotally reported by peers at professional networking events. This results in a small lack of personnel needed to effectively complete the mission of the Substance Abuse Program. Currently, we are understaffed by one therapist. Client care will continue to be priority one; however, other aspects of the program may suffer. At this time, management is conducting job search to fulfill staffing needs.

Assessment of reasonable security for staff and patrons is adequate. The PACE Recovery Center also maintains a policy that prohibits firearms and weapons from being brought into the buildings. All drugs licit and illicit are prohibited from being brought into the organization's buildings.

Actions being implemented to ensure the viability of the PACE, are preparing for the survey for CARF accreditation, reviewing client services, administrative and clinical, for quality control and patient satisfaction. Currently, all client records are maintained in accordance with state and CARF standards.

At this time, there are no expected changes in senior leadership. Within the last year, a Chief Compliance Officer became a welcome addition to our team.

HEALTH AND SAFETY REPORT

As a CARF-accredited organization, the Health and Safety program maintains all internal and external inspection reports for the organization's building. Between the multiple internal and external health and safety inspections, we are reasonably confident that we have a formal system that will continue to address health and safety issues on a regular basis. We have not

experienced any incidents or injuries over the last year and reviews will be periodically conducted as a way to highlight the need for timely incident reporting. For accreditation, CARF requires that there are written emergency procedures and unannounced drills. This will address procedures for: 1. Fires 2. Bomb threats 3. Natural Disasters 4. Utility failures 5. Medical Emergencies 6. Violent or other threatening situations. The unannounced tests were performed followed by after-action reports on the response to the drills. Trainings were conducted that addressed individual roles and responsibilities, notification procedures, emergency response procedures, evacuation and accountability procedures, emergency shut downs, information about threats, hazards, and protective actions, and means for locating family members in an emergency. In addition to the required test mandated by CARF, the Health and Safety program continues their commitment with providing consistent and rigorous training annually and as needed.

HUMAN RESOURCES

As required by CARF, all mandatory trainings have been fulfilled through Relias training online, training conducted by professional organizations and professional conferences. This is maintained and accounted for on a training spreadsheet as well as online within the Relias platform and management will continue to incorporate desired trainings of staff when possible as identified through Staff Training Needs Assessments. This year, a new training was added to Relias in order to fulfill a CARF requirement: An Internet Security module was added. All staff have completed this training at the time of this report.

In order to retain staff and reduce turnover, the staff is compensated well as compared to local substance abuse providers in the area. PACE provides company-paid time off and pays for counselors to attend trainings that are needed to maintain licenses and certifications.

TECHNOLOGY: The Technology and Information Systems Plan was developed in response to a national accreditation standard that requires accredited organizations to formally document their plans regarding technology and information systems. There have been no changes over the last year.

Business Function Performance

PACE will conduct measurements of business function performance. The objectives are to be able to demonstrate efficiency, efficacy and financial performance. PACE will look at 2 specific indicators to measure business functions. PACE will look at the capture rate from insurance policies used to fund treatment services at PACE. This indicator will be a comparison of the billed amount versus the collected amount on a monthly aggregate of billed charges. PACE will set the capture rate goal at 25% of all billed service. In addition, PACE will measure the average daily census through all levels of care. PACE will set this benchmark at 24 clients in Residential Treatment and 40 clients in Outpatient treatment. The Strategy officer will be responsible for gathering and analyzing the information and producing reports. This information will be used in the completion of the strategic plan and various improvement plans.

Insurance reimbursement in the year to date 2022 was 32% of all billed charges. This number although lower than the aggregate amount of 32% in 2021 is within industry standards and is considered by us to be be a statistically insignificant change. This number varies between payors with a high of 59% of billed charges for Aetna insurance and a low of 22% from United Health. The Chief Strategy officer of PACE recovery is responsible for coordination of billing between our facility and Billing Solutions, our insurance billers. Upon research of reasons that bills are denied by

insurance payors, we found that there were 2 primary reasons. These reasons were communicated to us by various insurance companies upon request of information and during conference calls with insurance representatives.

The most common reasons were cited as:

- Client documentation did not show medical necessity for treatment
- The clinicians documenting the care reported that the client was making excellent progress

This information was presented in monthly management reports and directly to the clinical director. The clinical director then provided further training within Clinical Supervision and Treatment team times to clinicians. The documentation as of this date shows some improvement but is continuing to be monitored by the Strategy Officer for compliance.

PACE average daily census in residential treatment is 24. This gives us an average 80% capacity rate which is within PACE stated goals. This number is unchanged from 2021.

PACE Daily census for 2022 within the Outpatient program is 40. This is slightly higher than the 2021 rate of 38 and is now within PACE goals.

RESULTS OF OUTCOME MANAGEMENT SYSTEM The organization has developed and implemented a simple outcomes management system that measures (a) effectiveness of Assessment and Referral (b) efficiency of services, (c) service access and (d) client satisfaction. Online survey to collect outcomes data are distributed to each client after the assessment and referral has been completed. The surveys have been developed by the Chief Strategy officer

using feedback from clients, input from staff and persons services, and CARF requirements. These surveys include client satisfaction surveys, stakeholder surveys, employee values, and employee satisfaction surveys. In addition, the administrative assistant is also responsible for gathering data from outcome tools in the EMR as well as incident reports, complaints and grievances. Complaints and grievances are gathered by suggestions boxes onsite, complaint and grievance fields within surveys and as reported by staff. This info is also gathered quarterly and presented during Executive Team meetings in which the data is formulated into improvement plans. In addition to the above surveys, Alumni are contacted by their caseworker for follow-up surveys after program completion for a 6 month and one year questionnaire. The surveys are administered by the Administrative assistant who also gathers the data and presents it to the Executive Team during its monthly meeting. For clarification, effectiveness is a measure of the client's understanding of the assessment and referral process, the client's understanding of the impact of substance abuse on their personal and professional life and identification of behaviors that might need to change. Efficiency is used to measure service utilization. Service access is a measurement of the time taken to access services and length of service provided. The organization measures client caseloads as its primary measure of business efficiency. Satisfaction and other feedback looks at the client and stakeholders' perception of services received. Satisfaction is a subjective measurement of "self-report" by clients and reflects a number score relative to satisfaction with services received. The effectiveness, service access and satisfaction "benchmarks" we measure are listed on our outcomes management questionnaire. We measure efficiency separately by monitoring counselor caseloads and financial performance.

During fiscal year 2022, there were 9 clients referred by command or self, to PACE Recovery Center for assessment. Eight clients completed a questionnaire. One refused services and to fill out the questionnaire. The analysis of outcome management questionnaires completed illustrates the following performance:

• Understood assessment process in a way it was understood: 100% stated "Yes" • Increase in awareness about the impact of substance us/abuse: 100% stated "Yes" • Identify behaviors that needed to be changed: 100% stat "Yes" • Service Utilization and length of service: 100 % stated

"Yes" • Length of time to access services: Average of 1 to 2 days • Length of screening/assessment: Approximately 2 hours • Satisfaction with staff: 100% stated "Yes" • Additional information wanted from Staff: 100% stated "No" • Would you recommend a friend: 100% stated "Yes"

Service Delivery Performance Analysis

Efficiency Indicator: PACE measures case manager to client caseload. PACE mandates each counselor has a caseload not to exceed 9 persons. Although each case manager would normally have a caseload of 6, as a response to COVID and the possibility of long term case manager absence, PACE cannot discount that a case manager may be required to take on additional clients albeit temporarily.

Effectiveness Indicator: PACE looks at client's awareness of the assessment process and of the impact of substance abuse on the personal and professional life. The benchmark for PACE Recovery Center is 3.7 weighted positive. The goal for 2022 was exceeded with positive results of 3.9%.

Access Indicator: PACE looks at the average wait time for a person to be assessed for services. The benchmark established for PACE Recovery Center is that a person will be scheduled within 5 business days from the date of referral. This goal was achieved with an average wait time between 1 and 2 days.

Satisfaction Indicator: PACE looks at client satisfaction by how they feel about the services received and if they would recommend services to others. The benchmark for PACE Recovery Center is to obtain a 3.7 weighted approval rating approval rating. Surveys are offered to 100% of clients presenting for services. The goal was met with positive satisfaction results of 3.9

We recognize that the accuracy of patient "self-report" is an extenuating factor in the analysis of outcome data. Further, we recognize that clients may give answers that do not reflect their true feelings due to not wanting to hurt the counselor's feelings. In order to remove reduce this influence; we have begun asking clients to complete the survey online and explaining that ithis

is a completely anonymous process. Finally, the way in which clients complete the questionnaires can impact data analysis.

PACE Recovery center performs quarterly audits of all client files. There 26 items that are measured for timely completion. In this form of scoring, a higher score is a more deficient score. The file audit is then scored for compliance with each item. A sample of 10 open and 5 closed files is taken and analyzed for trending.

Q1 score for the file audit was 38. The primary deficiencies were

- Missing documentation of family calls.
    - Although family calls were completed on a weekly basis per the treatment plans, the content of these calls was not properly documented. Will Sanchez conducted training in February to rectify the situation and confirmed that the family call notes were caught up and documented by the end of the quarter.
- Missing documentation of TB test results.
    - All clients admitted to our residential program receive TB tests at Vital Urgent Care. These test results are then provided to the case managers. The case managers are tasked with uploading the scanned results into the EMR. This is being done inconsistently. Bryan Johnson met with the case managers and provided training in February on proper document scanning procedures. All missing TB tests were uploaded by the end of February

Q2 score for the file audit was 32. This is a significant improvement from Q1. The primary deficiency statements are:

- Missing documentation of family calls.
    - This was again an issue for Q2, but the amount of missing info was significantly improved, with Q1 scoring 85 and Q2 scoring 75. Followup training was again provided by Will Sanchez with documentation being completed by June.

- TB tests continued to be missing in Q2 but the severity of the problem has somewhat diminished. The score for this item improved significantly from a Q1 high of 71 to the current q2 score of 66. Training followup was provided by Bryan Johnson and logistical support by Kim McClasky who assisted in the uploading of missing documents. This was completed in July.

Q3 has a significant increase in deficiencies and scored at 41. This is the highest year to date score. There appear to be some reasons for this. There has been a high turnover in the Quarter with both new case managers and resident managers coming on board. The new employees as a group seem to be having difficulty adjusting to PACE high speed work environment and the timely completion of tasks. The case managers were all brought in for training by Bryan Johnson in September. Upon secondary review of files, the cited deficiencies had subsided. As a side note, the first 2 quarters primary issues appear to be resolved.

- The primary issue this quarter is the client file missing a copy of the client's insurance card. This was remedied quick in September by Kim McClasky who assisted the case managers in the uploads and provided information on procedures
- Client files were missing uploaded therapeutic assignments. These are hand written assignments that are to be uploaded to the client files. This issue is primarily with newly hired case managers. Training on procedures was provided to case managers by Bryan Johnson in September.

SUMMARY OF STAKEHOLDER/CLIENT INPUT PACE Recovery Center has established and implemented a system for soliciting stakeholder input that conforms to CARF's standards. Specifically, we have developed a number of questionnaires for this purpose. This performance analysis provides the first opportunity to formally evaluate that input and consider the aggregated data. Stakeholder surveys were electronically distributed to almost 100 Stakeholders, all clients and all employees. The amount of surveys returned was approximately 80 or about 80%.

On an informal basis, the Program Manager frequently interacts with clients and their leadership for the express purpose of soliciting client and stakeholder feedback and to foster a positive rapport. Our clients consistently report that they appreciate the quality of services provided by staff and feel like the staff truly cares for them. We will, however, continue to emphasize client satisfaction through world-class customer service.

For Client mid point surveys:

Primary deficiency statements include:

- The information given to me was not helpful enough to prepare for treatment
- My financial responsibility was not explained to me
- I do not have a relapse prevention plan

These are areas that all scored less than our benchmark of 3.7

For client discharge surveys:

Primary deficiency statements include:

- I am not active with my sponsor.
- Employees did not treat me in a very professional manner.
- Employees seemed incompetent in their areas of specialty
- Employees did not help with Daily Living Skills.

These are areas that all scored less than our benchmark of 3.7

For employee surveys

Primary deficiency statements include:

- I do not have a clear path for career advancement
- I do not feel valued for the work I do
- I do not have enough opportunities to contribute to the decisions that affect me

These are areas that all scored less than our benchmark of 3.7

For stakeholder surveys

Primary deficiency statements include:

- I encounter delays when awaiting a response from staff

PLAN: As a result of the findings of these surveys as well as information gleaned for other sources: analysis of EMR, responses to client, stakeholder and staff feedback, and informal information revealed during company and management meetings, the following steps were taken:

- Team Building exercises and company outings with staff
- Additional staff meetings
- Opportunities for line staff to provide feedback and comments directly to senior leadership during staff meetings
- Companywide raises in 2022
- Additional training for intake staff
- Training for admissions staff

PREVENTION The PACE Recovery Center believes, as stated by CARF, that "effective programs are proactive and evidenced based/informed and strive to reduce individual, family and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach." The PACE Recovery Center recognizes the critical component that collaboration plays in the success of the program.

PACE Recovery Center believes that as a member of the community, it is our responsibility to contribute when and where possible. Upon request, we were able to participate in several conferences nationwide. We provided information to referents about what PACE does and distributed information on drugs and alcohol. For the community, PACE offered free and confidential alcohol/drug screenings.

After analyzing the Stakeholder Survey and conducting informal one-on-ones with Clients from this and prior years, an overwhelming number of participants continue to comment about the quality of PACE programs. The Clients voiced approval with their treatment taking place in smaller classroom settings and moving around to the various locations rather than sitting in one place all day. PACE will continue to contact various programs in an effort to combine services and be a part of the community.

Quality Indicators for Prevention:

Effectiveness indicators: PACE measures effectiveness by the number of self-referrals The results for FY 2022:

For the past three years, the average number of self-referrals has been three, PACE Recovery Center has set as its yearly benchmark, three self-referrals. The total number of self-referrals was 9.

Efficiency indicator: PACE measures efficiency by the number of days elapsed between the requests for treatment and treatment provision. The benchmark is delivery within 30 days.

Access Indicator: PACE measures access ensuring that 90% (Benchmark) of treatment participants feel that the information is presented in an understandable format and service location, dates and times are accessible. This information is obtained by the Program Manager through official surveys and unofficial forums.

Satisfaction Indicator: PACE measures satisfaction by knowledge gained about benefits and resources. Information for program satisfaction is obtained by Program Manager through official surveys, yearly needs assessment and unofficial forums. The benchmark for Satisfaction is an approval rating from 80% of Clients who participate in surveys and needs assessments.

SUMMARY

We recognize that we need to continue to focus on the collection of outcomes data. Not only do we need to focus on collection of outcomes but do a better job of asking questions that accurately reflect the information that is needed for program assessment. As a result, the

surveys were revamped in 2022 for and the method of collecting complaints and suggestions has changed. The complaints and suggestions are now within the staff, client and stakeholder surveys. This has given us valuable information which has been reflected in our monthly management reports and action plans

PACE is dedicated to "raising the bar" of excellence in services offered to the Clients. In addition to establishing a positive rapport with the Clients, it is important to have the capacity to incorporate what is being requested. Receiving approval to hire a therapist has been a challenge due to the high demand for qualified professionals in the immediate area; however, leadership understands what is at stake and will continue to advocate for this much needed position. As of November of 2022 PACE is fully staffed with Therapists

A second area in the program requiring improvement is being able to successfully meet our objectives. Finding information for distribution has not been consistent. As of March of 2022, our strategic plan has been posted online and the performance improvement plan has been made available for review with our clients.

PACE Recovery Center is "unique" due to its moderate population of Clients compared to other facilities. PACE Recovery Center will continue to look at how we have been marketing the program to referents and make sure we use different avenues to illustrate the benefits of the program and alternative methods of delivery to the Clients. The number of marketing and outreach activities has increased from 0 in person activities in 2021 to an average or one trip per month. The outreach and marketing staff meets with clinicians on these trips and informs them of program offerings and philosophy.

USE OF THIS MANAGEMENT SUMMARY (PERFORMANCE ANALYSIS) We view the completion of this performance analysis as an opportunity to formally review our mission statement and core values and, to improve the quality of services and our program. In the truest sense, this analysis represents a "10,000 foot view" of our organization and provides leadership and staff with the opportunity to "take a step back "and objectively evaluate what we do and how we do it. It also provides a practical reminder to review and/or update our strategic plan each year. Finally, the

preparation of this performance analysis provides the impetus for leadership to evaluate its decision-making process and determine if changes need to be made in the organization's policies and/or procedures.

We have specifically attempted to prepare this summary as a "plain language" document that communicates performance information in a timely, accurate and honest manner and in a format that is clear, concise and understandable. We value transparency.