

The Guidance/Care Center
Quarterly Performance Improvement Report
Quarter 2 FY 2010-2011
October - December 2010

Overview

The Guidance/Care Center Performance Improvement Committee developed the Performance Improvement Work Plan for the 2010-2011 Fiscal Year on September 22, 2010. Based on data collected during the past Fiscal Year and overall performance on the objectives, several indicators were eliminated from the previous year's Work Plan since consistent positive performance was achieved. Following is a summary of the progress G/CC made on the current Work Plan during the 2nd quarter of this Fiscal Year.

A. Program and Service Utilization

1. Attendance at first session of OP treatment following an IP discharge

Objective: 80% of all clients discharged from CSU will attend first OP appointment.

Type of Objective: *Quality Assurance: Efficiency*

G/CC completed the integration of its data management system with the WestCare Foundation system. The WestCare Senior Clinical Officer is working collaboratively with the G/CC Data Manager to develop a system to efficiently and effectively extract this data from the system. The G/CC Data Manager completed pilot testing during December 2010 to ensure accurate extraction of data. Analysis for this objective should be available for the next quarterly report.

2. Attendance at OP therapy sessions

Objective: 80% of clients will attend scheduled therapy sessions.

Type of Objective: *Quality Assurance: Efficiency*

The first set of analyses conducted examined the overall results for all appointments scheduled between October 1 and December 31, 2010.

Please **NOTE** that the separate analyses for the adults and children include only a subsample of the entire population served. Ages were unable to be extracted from the data system for 1,592 clients.

Category	Total #	Kept % (#)	No Shows % (#)	Client Cancellations % (#)	Staff Cancellations % (#)
All Sites					
All Appointments	20,767	92.9% (19,301)	4.5% (925)	1.1% (219)	1.5% (321)
Child	4,833	97.0% (4,687)	1.7% (81)	0.7% (35)	0.6% (30)
Adult	14,342	91.0% (13,051)	5.8% (833)	1.3% (182)	1.9% (276)
NOTE: 1,592 clients did not have an age listed and were not included in the breakdown analyses					
Category	Total #	Kept % (#)	No Shows % (#)	Client Cancellations % (#)	Staff Cancellations % (#)
Key West					
All Appointments	11,744	92.0% (10,810)	5.6% (659)	0.7% (79)	1.7% (195)
Child	3,660	97.9% (3,584)	1.1% (42)	0.4% (15)	0.5% (19)
Adult	6,809	87.6% (5,965)	9.0% (611)	0.9% (64)	2.5% (169)
NOTE: 1,275 clients did not have an age listed and were not included in the breakdown analyses					
Key Largo					
All Appointments	2,241	94.5% (2,118)	3.6% (81)	1.6% (36)	0.3% (6)
Child	990	97.5% (965)	1.8% (18)	0.6% (6)	<0.1% (1)
Adult	1,217	92.0% (1,120)	5.1% (62)	2.5% (30)	0.2% (5)
NOTE: 34 clients did not have an age listed and were not included in the breakdown analyses					
Marathon					
All Appointments	6,782	94.0% (6,373)	2.7% (185)	1.5% (104)	1.8% (120)
Child	183	75.4% (138)	11.5% (21)	7.7% (14)	5.5% (10)
Adult	6,316	94.5% (5,966)	2.5% (160)	1.4% (88)	1.6% (102)
NOTE: 283 clients did not have an age listed and were not included in the breakdown analyses					

The second set of analyses conducted examined only those appointments that were either kept or for which the clients did not show. Client cancellations and staff cancellations were removed from these analyses since they technically cannot be considered “No Shows” in the true sense of the term. These analyses, therefore, provide a more valid reflection of the No Show rate.

Category	Total #	Kept % (#)	No Shows % (#)
All Sites			
All Appointments	18,652	95.1% (17,738)	4.9% (914)
Child	4,768	98.3% (4,687)	1.7% (81)
Adult	13,884	94.0% (13,051)	6.0% (833)
NOTE: 1,592 clients did not have an age listed and were not included in the breakdown analyses			
Key West			
All Appointments	10,202	93.6% (9,549)	6.4% (653)
Child	3,626	98.8% (3,584)	1.2% (42)
Adult	6,576	90.7% (5,965)	9.3% (611)
NOTE: 1,469 clients did not have an age listed and were not included in the breakdown analyses			

Key Largo			
All Appointments	2,165	96.3% (2,085)	3.7% (80)
Child	9,83	98.2% (965)	1.8% (18)
Adult	1,182	98.2% (1,120)	5.2% (62)
NOTE: 34 clients did not have an age listed and were not included in the breakdown analyses			
Marathon			
All Appointments	6,285	97.1% (6,104)	2.9% (181)
Child	159	86.8% (138)	13.2% (21)
Adult	6,126	97.4 % (5,966)	2.6% (160)
NOTE: 283 clients did not have an age listed and were not included in the breakdown analyses			

3. Attendance at First Appointment Following Intake Completion

Objective: 60% of clients completing an Intake will attend the first scheduled OP appointment.

Type of Objective: *Quality Assurance: Efficiency*

As with Objective 1, G/CC completed the integration of its data management system with the WestCare Foundation system. The WestCare Senior Clinical Officer is working collaboratively with the G/CC Data Manager to develop a system to efficiently and effectively extract this data from the system. A preliminary strategy was discussed and identified during the Quarterly PI meeting in September 2010. Pilot testing is being completed to determine if the strategy extracts the data correctly. Analysis for this objective should be available for the next quarterly report.

4. Wait Time for OP Appointments

Objective: 80% of clients will be scheduled for first appointment within 2 weeks.

Type of Objective: *Quality Assurance: Efficiency*

As with Objective 1, G/CC completed the integration of its data management system with the WestCare Foundation system. The WestCare Senior Clinical Officer is working collaboratively with the G/CC Data Manager to develop a system to efficiently and effectively extract this data from the system. A preliminary strategy was discussed and identified during the Quarterly PI meeting in September 2010. Pilot testing is being completed to determine if the strategy extracts the data correctly. Analysis for this objective should be available for the next quarterly report.

5. Frequency of Outpatient Appointments

Objective: ≥ 90 of the clients will received 1 outpatient service weekly, unless justified in clinical record.

Type of Objective: *Quality Assurance: Efficiency*

As with Objective 1, G/CC completed the integration of its data management system with the WestCare Foundation system. The WestCare Senior Clinical Officer is working collaboratively with the G/CC Data Manager to develop a system to efficiently and effectively extract this data from the system. A preliminary strategy was discussed and identified during the Quarterly PI meeting in September 2010. Pilot testing is being completed to determine if the strategy extracts the data correctly. Analysis for this objective should be available for the next quarterly report.

B. Consumer Perception

1. Satisfaction with Program Quality

Objective: $\geq 80\%$ on Overall Quality Rating for each program.

Type of Objective: *Quality Assurance: Efficiency*

Client Perception Surveys were administered during this quarter for the Detox and CSU units, Adult and Child Outpatient services, case management services, residential treatment, and community integration services. In all instances, clients are surveyed upon discharge from the programs.

Guidance/Care Center currently uses an instrument consisting of items/questions rated on the following scale: Strongly Agree – Agree – Neutral – Disagree – Strongly Disagree – Not Applicable. For the purpose of these analyses, Strongly Agree and Agree are indicators of satisfaction. Respondents who identified an item as Not Applicable were not included in the aggregate analysis for that item. In addition, although aggregated, items not having responses are not reflected in the table. For the purpose of this report, only highlights are presented that relate to overall program quality (as identified as an indicator in the PI Work Plan).

For the adult programs, a total of 176 Surveys were administered.

Inpatient Unit – Crisis Stabilization: A total of 40 surveys were administered between October 1 and December 31, 2010. **MARATHON ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	95.0	2.5	2.5
I was seen for services on time	92.3	5.1	2.6
I received services when I needed them	95.0	5.0	0
If I had a complaint, it was handled well	91.9	8.1	0
If I were to have problems, I would return to this program	90.0	2.5	7.5
I would recommend this program to other people	97.4	0	2.6

The services focus on my needs	85.0	10.0	5.0
This program has helped me to feel better about myself	81.6	15.8	2.6

Detoxification: A total of 29 surveys were administered between October 1 and December 31, 2010. **MARATHON ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	96.6	3.4	0
I was seen for services on time	96.6	3.4	0
I received services when I needed them	100.0	0	0
If I had a complaint, it was handled well	100.0	0	0
If I were to have problems, I would return to this program	96.6	3.4	0
I would recommend this program to other people	96.6	3.4	0
The services focus on my needs	96.6	3.4	0
This program has helped me to feel better about myself	89.3	10.7	0

Keys to Recovery – Residential Treatment: No surveys were administered between October 1 and December 31, 2010. **MARATHON ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	NA	NA	NA
I was seen for services on time	NA	NA	NA
I received services when I needed them	NA	NA	NA
If I had a complaint, it was handled well*	NA	NA	NA
If I were to have problems, I would return to this program	NA	NA	NA
I would recommend this program to other people	NA	NA	NA
The services focus on my needs*	NA	NA	NA
This program has helped me to feel better about myself	NA	NA	NA

Outpatient Adult – Mental Health: A total of 2 surveys were administered between October 1 and December 31, 2010. Results are reflective of consumers from ONLY the Key Largo location.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100.0	0	0
I was seen for services on time	50.0	50.0	0
I received services when I needed them	100.0	0	0
If I had a complaint, it was handled well	100.0	0	0
If I were to have problems, I would return to this program	100.0	0	0
I would recommend this program to other people	100.0	0	0
The services focus on my needs	100.0	0	0
This program has helped me to feel better about myself	100.0	0	0

Outpatient Adult – Alcohol and Other Drugs/Addictions: A total of 3 surveys were administered between October 1 and December 31, 2010. Results are reflective of consumers ONLY at the Key West location.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100.0	0	0
I was seen for services on time	100.0	0	0
I received services when I needed them	100.0	0	0
If I had a complaint, it was handled well*	50.0	50.0	0
If I were to have problems, I would return to this program	100.0	0	0
I would recommend this program to other people	100.0	0	0
The services focus on my needs	100.0	0	0
This program has helped me to feel better about myself	100.0	0	0

Case Management: A total of 4 surveys were administered between October 1 and December 31, 2010. Results are reflective of consumers ONLY at the Key West.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100.0	0	0
I was seen for services on time	100.0	0	0
I received services when I needed them	100.0	0	0
If I had a complaint, it was handled well	50.0	50.0	0
If I were to have problems, I would return to this program	75.0	25.0	0
I would recommend this program to other people	100.0	0	0
The services focus on my needs	75.0	25.0	0
This program has helped me to feel better about myself	100.0	0	0

Community Integration: Only 1 survey was administered between October 1 and December 31, 2010. **MARATHON ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100.0	0	0
I was seen for services on time	100.0	0	0
I received services when I needed them	100.0	0	0
If I had a complaint, it was handled well	100.0	0	0
If I were to have problems, I would return to this program	100.0	0	0
I would recommend this program to other people	100.0	0	0
The services focus on my needs	100.0	0	0
This program has helped me to feel better about myself	100.0	0	0

Criminal Justice: A total of 31 surveys were administered between October 1 and December 31, 2010. **KEY WEST ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	90.0	10.0	0
I was seen for services on time	93.5	6.5	0
I received services when I needed them	92.3	6.7	0
If I had a complaint, it was handled well	76.7	20.0	3.3
If I were to have problems, I would return to this program	70.0	20.0	10.0
I would recommend this program to other people	86.7	13.3	0
The services focus on my needs	77.4	19.4	3.2
This program has helped me to feel better about myself	83.9	16.1	0

For the child programs, a total of 8 Surveys were administered.

Outpatient Children and Adolescents – Substance Abuse: No services were received between July 1 and September 30, 2010.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	NA	NA	NA
I was seen for services on time	NA	NA	NA
I received services when I needed them	NA	NA	NA
If I had a complaint, it was handled well	NA	NA	NA
I get along better with family members	NA	NA	NA
I am doing better in school	NA	NA	NA

Outpatient Children and Adolescents – Mental Health: A total of 5 surveys were administered between October 1 and December 31, 2010. Results are reflective of consumers from Key West.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100	0	0
I was seen for services on time	100	0	0
I received services when I needed them	100	0	0

If I had a complaint, it was handled well	66.7	33.3	0
I get along better with family members	80.0	20.0	0
I am doing better in school	66.7	33.3	0

Prevention/Diversion: A total of 3 surveys were administered between October 1 and December 31, 2010. Results are reflective of consumers from Key West.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100.0	0	0
I was seen for services on time	100.0	0	0
I received services when I needed them	66.7	33.3	0
If I had a complaint, it was handled well	66.7	33.3	0
I get along better with family members	66.7	33.3	0
I am doing better in school	100.0	0	0

C. Clinical Records

1. Compliance of treatment program records with 65D 30 , CARF standards, and P & P

Objective: $\geq 95\%$ of treatment records will comply.

Type of Objective: *Quality Assurance: Efficiency*

Between October 1 and December 31, 2010, 46 Peer Reviews were completed across two (2) G/CC Locations: Key West and Marathon. A sampling of charts was reviewed from several Core Programs. The breakdown is as follows:

Core Program	Number of Clinical Records	Open Charts	Closed Charts
Adult Mental Health	12	3	9
Adult Substance Abuse	8	2	6
Child Mental Health	8	4	4
Child Substance Abuse	5	4	1
Intervention	6	3	3
Adult Substance Abuse Residential	1	0	1
Community Integration	0	0	0
Case Management	4	3	1
CSU	1	1	0
Detox	1	0	1
JIP (incorrect form used)	0	0	0
Total	46	20	26

Although the Peer Review Form is extensive and measures chart compliance and quality across all areas of 65D 30, CARF, and CCISC, the following is key findings from the audits.

Each item is rated on a 3-point scale, ranging from Not Compliant to Partially Compliant to Compliant. The table below reflects the percent of charts that were fully compliant with each key item.

Content Area	% Compliant
Immediate/Urgent Needs Documented	95.6%
Consent to Treatment Signed	73.3%
Information Regarding Rights/Responsibilities	76.1%
Information Regarding Grievance Procedure	63.0%
Information on HIPAA	76.1%
Assessment Includes Presenting Problems	90.9%
Assessment Includes Needs & Preferences	82.5%
Wellness & Recovery Plan Completed on Time	63.3%
Plan Objectives are Behavioral & Measurable	63.3%
Plan Reviews Completed On-Time (for those having reviews due)	43.3%
Documentation is signed, dated, and credentialed	84.6%
Progress Notes Contain Date of Service	88.1%
Progress Notes Contain Length of Service	85.7%
Medication Orders Indicate Primary MD*	90.9%
Copy of Prescriptions in Clinical Record*	94.4%

*Only rated for clients receiving medication

Twenty-six (26) of the charts audited were closed clinical records. Findings are as follows:

Content Area	% Compliant
Discharge Report Includes Reason for Discharge	91.3%
Discharge Report Includes Recommendations & Referrals	90.0%
Discharge Report Includes Evaluation of Progress	81.0%
Discharge/Transfer ASAM Completed	78.9%

2. Utilization Management

Objective: $\geq 95\%$ of clinical records score $\geq 95\%$ on the UM Review Form.

Type of Objective: *Quality Assurance: Efficiency*

The Senior Clinical Officer is in the process of revising and finalizing the Utilization Management Review Form. After completion of the form, the Senior Clinical Officer will train Program Directors and Coordinators on use of the form. The Research and Evaluation Department also will develop a statistical database to capture the data. The first review will occur in January 2011.

3. Billing, Documentation and Data Consistency

Objective: $\geq 95\%$ of the clinical documentation will support the service tickets

Type of Objective: *Performance Improvement: Efficiency*

This objective has not been tracked consistently. The conversion of G/CC to the WestCare database should make this objective easier to track and report.

4. Wellness and Recovery Plans and Reviews

Objective: $\geq 95\%$ of clinical records will contain a Medication Wellness & Recovery Plan and the associated review

Type of Objective: *Performance Improvement: Efficiency*

62.5% of the files monitored contained a Medication Wellness & Recovery Plan when indicated. 80% of the charts containing a Medication Wellness & Recovery Plan had associated periodic reviews.

D. Quality of Care and Service Provision

1. CCISC participation

Objective: 100% of programs will score COMPASS by the end of year.

Type of Objective: *Quality Assurance: Efficiency*

Guidance/Care Center remains actively involved in the CCISC initiative sponsored by the Florida Department of Children and Families. A representative has participated in meetings and activities. The agency currently is preparing to conduct the annual scoring of the COMPASS. The annual scoring will be completed in January 2011.

2. School Attendance

Objective: Children receiving mental health services will attend 86% of the available school days.

Type of Objective: *Performance Improvement: Effectiveness*

Admission and discharge data was available for 48 cases between October 1 and December 31, 2010. A significant increase occurred in the percent of children attending at least 86% of the available school days from admission to discharge ($Z = -2.047$, $p < .01$). At admission, only 81.3% of the children served attended 86% or more of the available school days. At discharge, 95.9% of the children served attended 86% or more

of the available school days. Of those children attending all (100%) of available school days, the percentage increased from 75% to 87.5% ($Z = -2.375$, $p < .02$).

3. Employment

Objective: 78% of the clients will be employed at discharge.

Type of Objective: *Performance Improvement: Effectiveness*

For this analysis, clients who were disabled, retired, and/or incarcerated were removed since they cannot be considered employment eligible. Between October 1 and December 31, 2010, 48.5% of the clients discharged from substance abuse treatment were employed at discharge, with 32.4% having full-time employment and 16.2% having part-time employment.

4. Days in Community

Objective: Adults receiving mental health services will increase the number of days in the community by discharge.

Type of Objective: *Performance Improvement: Effectiveness*

There were 226 cases available for analysis between October 1 and December 31, 2010. Overall, no significant difference occurred in the number of days in the community from admission to discharge. However, closer examination of the data revealed that 83.3% of the clients served were in the community for 30 days at admission. Therefore, a subsequent analysis was conducted examining only those clients in the community for less than 30 days at admission. Thirty-three (33) cases met this criterion. Based on this analysis, the number of days in the community significantly increased from admission to discharge, increasing from 17 days to 25 days [$t(32) = -3.608$, $p < .001$]. Similarly, the number of clients increasing the days in the community increased significantly ($Z = -3.483$, $p < .001$) with 72.7% of the clients exhibiting improvement. Only 6.1% of the clients showed a decrease in days in the community.

5. CGAS Scores

Objective: 74% of the children discharged from mental health services will show improvement

Type of Objective: *Performance Improvement: Effectiveness*

CGAS scores at admission and discharge were available for 68 cases between October 1 and December 31, 2010. A significant increase in overall functioning was exhibited with CGAS scores increasing from 59 at admission to 63 at discharge [$t(67) = -4.826$, $p < .001$]. The number of youth having increased CGAS scores at discharge also was significant ($Z = -4.454$, $p < .001$) with 66.2% of the youth having improved scores.

Nearly 24% of the youths' scores were the same as admission, and 10.3% decreased at discharge compared to admission.

6. Alcohol and Drug Use

Objective: 75% of clients will reduce alcohol/drug use from admission to discharge

Type of Objective: *Performance Improvement: Effectiveness*

Some difficulty remains with extraction of the data with the conversion of the data system to the WestCare Foundation system. However, cursory analysis could be conducted. The percentage of clients "Not Using Any Substances" in the past 30 days increased from 20.8% at admission to 53.3% at discharge. Conversely, the percentage of clients reporting "Daily" use decreased from 55.0% at admission to 32.5% at discharge.

7. Social and Emotional Functioning

Objective: 75% of children will show improved functioning.

Type of Objective: *Performance Improvement: Effectiveness*

The G/CC Performance Improvement Committee currently is reformulating this outcome definition to align with data elements available in the WestCare data system.

E. Safety and Security

1. Incident Reports

Objective: 99% of reportable incidents will be provided to appropriate external entity.

Type of Objective: *Quality Assurance: Efficiency*

Between October 1 and December 31, 2010, 100% of the reportable incidents were reported to the appropriate external entity as required. The breakdown of the incident reportable type is below:

Immediately Reportable % (#)	Reportable % (#)	Non-Reportable % (#)	Total
21.13 (15)	49.3 (35)	29.58 (21)	71

Facility Breakdown

	Immediately Reportable % (#)	Reportable % (#)	Non-Reportable % (#)	Total
Key Largo	2.82 (2)	0	0	2
Marathon	16.9 (12)	45.07 (32)	26.76 (19)	63
Key West	1.41 (1)	4.23 (3)	2.82 (2)	6

Incident Category Breakdown

Incident Category	Number	Percent of Total
Abuse/Neglect	2	2.8
Alcohol/Drugs	2	2.8
Behavior	7	9.9
Client Grievance	9	12.7
Disaster	1	1.4
Illness/Injury	15	21.1
Medication Error	1	1.4
Operations	1	1.4
Other	16	22.6
Safety	3	4.2
Sexual	1	1.4
Suicide/Self Harm	8	11.3
Violence	5	7.0

Hours of Day Breakdown

Time of Day	Number	Percent Total
Morning (12 am – 11:59 am)	28	39.4
Afternoon (12 pm – 4:49 pm)	18	25.4
Evening (5 pm – 11:59 pm)	25	35.2

Day of Week Breakdown

Day of Week	Number	Percent Total
Sunday	7	9.9
Monday	11	15.5
Tuesday	7	9.9
Wednesday	12	16.9
Thursday	5	7.0
Friday	14	19.7
Saturday	15	21.1

Restraint

Only three (3) incidents of restraint occurred between October 1 and December 31, 2010. All incidents occurred at the Marathon facility and were on the CSU/Detox unit. All (100%) of the incidents were reportable to DCF. None (0%) was immediately reportable.

There appeared to be no specific pattern to the incidents across times of day. Thirty-three percent (33%; N=1) occurred in the morning hours (6-6:59 am), 33% (N=1) during the mid-afternoon hours (1-1:59 pm), and 33% (N=1) during the early evening hours (5-5:59 pm). Two-thirds (67%) of the incidents occurred on a Saturday. This pattern of having more incidents on the weekend also occurred during the previous quarter.

Seclusion

Only three (3) incidents of seclusion occurred between October 1 and December 31, 2011. All (100%) of the incidents occurred at the Marathon facility and were on the CSU/Detox unit. All (100%) of the incidents were reportable to DCF. None (0%) was immediately reportable. All (100%) of the incidents occurred during the evening hours (7-10:59 pm). Similar to the restrains, seclusion incidents were more likely to occur on the weekends, accounting for 67% of the incidents. This pattern also is consistent with the pattern observed during the previous quarter.

2. Emergency Drills

Objective: 95% compliance rate with the drill schedule

Type of Objective: *Quality Assurance: Efficiency*

During this quarter, all (100%) of the required drills were completed in Key West, Marathon, and Key Largo.

F. Staff Development

1. Annual Training

Objective: ≥95% of all staff will complete 20 hours of annual training

Type of Objective: *Performance Improvement: Efficiency*

The training calendar remains in development. Formal analyses were not completed for this report.

Training Topic	% Staff Completing
Corporate Compliance	Not Analyzed
Code of Ethics	Not Analyzed
HIV	Not Analyzed
CPR	Not Analyzed
ACT	Not Analyzed
Health	Not Analyzed
OSHA	Not Analyzed
Civil Rights	Not Analyzed
Co-Occurring Disorders	Not Analyzed
Person-Centered Care and Treatment	Not Analyzed

G. Follow-Up Rates

1. GAIN and GPRA Follow-Up Rates – CSAT Offender Re-Entry Grant

Objective: Increase 3-month GAIN and GPRA follow-up rates to a minimum of 80%

Type of Objective: *Performance Improvement: Efficiency*

Assessment	3-Month	6-Month	12-Month
GPRA	NA	77.8%	NA
GAIN	76.0%	64.0%	None Due to Date

The Offender Re-Entry Program has increased its 3-month GAIN follow-up rates at the 3 month assessment period and currently slightly below the target. However, the Key's ORP is performing better than the national average for this CSAT cohort (69.6%). Although the GAIN follow-up rates are lower than the contract required 80% for the 3- and 6-month follow-up periods, G/CC is performing in the top 25% compared to the other grantees funded under this initiative.