

**Residential Reentry Services
Outpatient Treatment Services
Program Outcomes Measurement
Management Report
August 1, 2020 – July 29, 2021**

The Annual Program Outcomes Measurement Management tool is designed to measure and evaluate the St. Petersburg Residential Reentry Center (SPRRC) Outpatient Treatment program. The desired objectives and outcomes are developed based on the Department of Corrections (DOC) contract scope of work (SOW) and licensing standards through the Department of Corrections and Department of Children and Families (DCF).

The primary purpose of this system is to meet the needs of the Outpatient Treatment participants and other stakeholders, and to allow for performance improvement in the areas of quality program and services. The system will 1) reflect the characteristics of the participants served in outpatient treatment; 2) assess the effectiveness of Outpatient Treatment services; 3) evaluate the efficiency of the program; and 4) determine the satisfaction rate of the Outpatient Treatment participants. The basis of this report is derived from three sources; demographic reports of participants served; review of audits from the stakeholders; quarterly evaluation from the clinical supervisor of participant records; and satisfaction survey of outpatient participants.

Characteristics of Participants Served

Objective: Review and analyze the demographic representation of all participants served in outpatient treatment services to identify trends and areas of strength and weakness in the program structure.

Outcome: By contract with DOC, all participants were female. Of the 68 female participants served in Outpatient Treatment Services, 66% of those served were Caucasian and 26% were Black/African American. The balance of demographics were reported as Hispanic or Other. Thirty-seven (37%) percent were between the ages of 35 – 44, and those in the age group of 16-34 represented 25%, those in the age group of 45-55 represented 29%. The program served 6 participants (9%) over the age of 55.

Previous Quality Improvement Plans: New Process

Current Quality Improvement Plan: In FY 2021, Management will include data analytics reflecting the effectiveness and satisfaction by demographic group in order to identify trends, programmatic strength and weakness.

Effectiveness

Objective 1: Maintain compliance with and meet contractual obligations through positive external and internal audits.

Outcome – External Audits. External Audits were conducted by DOC and DCF. DOC reported zero findings during this evaluation period. DCF reported two files examined were not in compliance with having “Information regarding advance directives which delineate the facility’s position with respect to the state law and rules relative to advance directives”. In review, the outpatient files were missing a form documenting the participant’s advance directives. A form was developed to be implemented during orientation and corrected at the time of the DCF audit.

Previous Quality Improvement Plans: New Process

Current Quality Improvement Plan: None. Based on changes made during the DCF audit, no further recommendations are made at this time.

Outcome – Quarterly Clinical Supervisor Review. Quarterly Internal Audits are conducted by the Clinical Supervisor to ensure compliance with DCF rules for outpatient files. The internal quarterly audits indicated no discrepancies.

Parameters Reported on:

Internal Outpatient Audits Oct 1, 2020 –July 31, 2021	Percent Compliant
Percentage of Psych-Social completed within 14 days	99.9%
Percentage of Individual Treatment Plans Completed within 14 Days.	99.9%
Clinical file reviewed by Clinical Supervisor within 10 days.	100%
Individual case notes notated monthly.	100%
Group Notes notated weekly.	100%
Outpatient Summary Completed within 24 hours	100%

Previous Quality Improvement Plans: New Process

Current Quality Improvement Plan: None. Objective achieved this year.

Effectiveness

Objective 2: Eighty (80%) percent of outpatient treatment participants will complete their program.

Outcome: 100% of outpatient treatment participants completed their program.

Previous Quality Improvement Plans: New Process

Current Quality Improvement Plan: None. Objective exceeded this year.

Efficiency

Objective: One Hundred (100%) percent of new arrivals to work release in need of outpatient treatment services are referred within five (5) business days.

Outcome: 100% were referred within 5 business days.

Previous Quality Improvement Plans: New Process

Current Quality Improvement Plan: None. Objective achieved this year.

Satisfaction of Participants Served

Objective: Maximize the percentage of participants served who indicate overall satisfaction with the program.

Outcome: Sixty-eight (68) outpatient participants were surveyed at the end of their outpatient treatment from October 2020 through July 31, 2021. The survey was anonymously submitted and consisted of five questions.

Question	Percent Satisfied
During the intake process, did you clearly understand the program objectives?	100%
Were you satisfied with the outpatient services received?	100%
Was counseling staff accessible?	100%
Did you feel safe while in the program?	100%
Was counseling staff courteous and professional?	100%

Previous Quality Improvement Plans: New Process

Current Quality Improvement Plan: Based on the 100% of positive responses from respondents, no recommendations for change at this time.

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