DYS GRANTEE ANNUAL REPORT

Program Name:

Fiscal Year:

Report Submitted By: _____

Contact Number: _____

Email Address: _____

Date Submitted: _____

DYS GRANTEE NARRATIVE ANNUAL REPORT[1]
FISCAL YEAR _____

Instructions: Please answer the following questions to the best of your ability. Also included in this document is a Grantee Annual Data Report which requires the reporting of program statistical data and DYS commitment information. Completed reports should be submitted to:

Alabama Department of Youth Services
Becky Hathcock, Accounting Division
becky.hathcock@dys.alabama.gov
P.O. Box 66, Mt. Meigs, AL 36057

PROGRAM DESCRIPTION

I. Services Provided

Explain the nature and structure of the program, including the types of services provided to youth and families who participated.

II. Target Population

Identify the population of youth that were generally admitted to the program during the fiscal year.

GENDER	
AGE	
RISK LEVEL	
OFFENSE	

III. Length of Stay

On average, how long did youth remain in the program? Was this expected? What factors influenced how long they stayed?

How did the average length of stay compare to the anticipated/targeted length of stay?

EVALUATING SUCCESS

I. What were the intended goal(s) of the program for this fiscal year?

II. Did the program achieve the intended goal(s)? Please explain.

[1] A data report including demographics and DYS commitment numbers will be generated by DYS, using the data submitted throughout the year through the Grantee Information Management System (GIMS). Annual reports are due at the end of each funding year and must be received by November 30th.

QUALITY ASSURANCE

I. In the grant application, you identified one or more of the following quality assurance activities that would be conducted. Please check those that were completed.

_____ Youth Satisfaction Surveys
_____ Periodic File Reviews
_____ Pre- and Post-Testing
_____ Re-assessment of youth's progress
_____ Other: _____
_____ Periodic Review of Progress Notes
_____ Observation of Group Activities
_____ External Evaluation
_____ Peer Review Process

II. Please provide a summary of each of these activities, including how each was conducted and the findings of the quality assurance activities:

YOUTH OUTCOMES

I. Program Completion/Failure

Evaluate the rate of successful program completion. What factors do you believe influenced how many youth completed successfully? What can be done in the future to improve the success rate?

II. New Charges

What methods are used to track youth success beyond program completion? What factors influenced the youth acquiring new charges? What can be done in the future to improve in this area?

III. Net Widening

Since DYS grant programs are intended to be alternatives to incarceration, it would be considered "widening the net" to use the program for youth who would not have been admitted to DYS if the program were not in existence (i.e., CHINS, truancy). Did this program have a net-widening effect? Explain why or why not. What can be done in the future to ensure net-widening does not occur?

IMPROVEMENT PLAN

I. Overall, what is working well in this program?

II. What is not working well in the program?

III. Based on the information gathered from Quality Assurance efforts, and annual program self-assessment, what improvements will be made to the areas that are not working well?

GRANTEE ANNUAL DATA REPORT

PROGRAM DEMOGRAPHICS		#	%
Total Caseload	Total Number of Cases		
Risk Level	Low		
	Medium		
	High		
	Very High		
Age Distribution	13 or younger		
	14 or 15		
	16 or 17		
	18 or older		
Gender	Male		
	Female		
Race/ Ethnicity	White		
	African-American		
	Hispanic		
	Other		
Most Serious Current Offense Category	Felony Person		
	Misdemeanor Person		
	Felony Property		
	Misdemeanor Property		
	Public Order		
	Drugs		
	Weapons		
	Probation Violation		
	Truancy		
	CHINS		

PROGRAM PARTICIPATION		#	%
County *(list county name, number and percentage of youth served from each county in program service area)*			
Successful Completion	Yes		
	No		
Reasons for Unsuccessful Completion	Assaultive behavior		
	AWOL		
	Behavioral problems		
	Case closed		
	New charges		
	VOP filed		
	Missing		
	Runaway		
	Other		
Committed to DYS due to program failure	Yes		
	No		

PROGRAM YOUTH WITH NEW CHARGES	
1 MONTH AFTER PROGRAM COMPLETION	
3 MONTHS AFTER PROGRAM COMPLETION	
6 MONTHS AFTER PROGRAM COMPLETION	

PROGRAM LENGTH OF STAY		
Length of Stay	Minimum	
	Maximum	
	Average	
	% below average	
	% above average	

GRANTEE BENCHMARKS		
YOUTH SERVED	ANTICIPATED	ACTUAL
# of youth that can be served annually		
LENTGH OF STAY	ANTICIPATED	ACTUAL
Expected length of program participation		

BOTTOM LINE COST	
***DYS daily cost per reduced commitment** **Total grant amount divided by, # of youth served by program, divided by 365 days*	**$**

Revised 09-21-15

GRANTEE ANNUAL DATA REPORT

NOTE: The DYS Commitment Data charts below should be completed based on youth that were committed to DYS or HIT by the juvenile court within the fiscal year, and that commitment number must be compared to the previous fiscal year to determine the percentage of increase/decrease. <u>One chart should be completed for each county served by the diversion program.</u> Contact Elizabeth Zachry at elizabeth.zachry@dys.alabama.gov to obtain commitment data. This information may also be accessible via the juvenile court representative for the program.

DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	

DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	

DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	

DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	

DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	

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Admissions (total)	FY 20___	
	FY 20___	
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DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	

DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	

DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	

DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	

DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	

DYS COMMITMENT DATA ***County***_____		
Admissions (total)	FY 20___	
	FY 20___	
	% Increase/Decrease	