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| DYS DIVERSION GRANTEE ANNUAL REPORT  Fiscal Year 2020-2021  ***Due November 30, 2021*** |
| Program Name:  Physical Address:  Submitting County:  *Grant Amount:* |
| Report Submitted By:  Title:  Contact Number:  Email Address:  Date Submitted: |

**DYS GRANTEE NARRATIVE ANNUAL REPORT**

FISCAL YEAR 2020 - 2021

(October 1, 2020 - September 30, 2021)

**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. The DYS commitment information by county is no longer required. All sections must be completed. Reports must be submitted as a .pdf document to the attention of Becky Hathcock at the following email address: [becky.hathcock@dys.alabama.gov](mailto:becky.hathcock@dys.alabama.gov)

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|  | **Annual reports are due no later than November 30.** |  |
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**PROGRAM DESCRIPTION**

1. **Services Provided**

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

1. **Target Population**

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

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| --- | --- |
| GENDER |  |
| AGE |  |
| RISK LEVEL |  |
| OFFENSE |  |

1. **Length of Stay**

*On average, how long did youth remain in the program? How did the average length of stay compare to the anticipated/targeted length of stay?*

*What factors influenced how long youth remained in the program?*

**EVALUATING SUCCESS**

1. **What were the intended goal(s) of the program for this fiscal year?**
2. **Did the program achieve the intended goal(s)? Please explain.**

**QUALITY ASSURANCE**

1. **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 Review of Progress Notes

Periodic File Reviews  Observation of Group Activities

Pre- and Post-Testing  External Evaluation

Re-assessment of youth’s progress  Peer Review Process

Other:

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

**YOUTH OUTCOMES**

1. **Program Completion: Successful/Unsuccessful**

*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? What factors influenced the outcomes of youth who did not successfully complete the program?*

1. **Six Month Follow-up**

*Evaluate the outcome measures completed. What factors influenced successfully or unsuccessfully gathering the information needed for the six month follow-up for youth outcome measures?*

1. **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**

1. **Overall, what is working well in the program?**
2. **What is not working well in the program?**
3. **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?**

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| **PROGRAM DEMOGRAPHICS** | | **#** | **%** |
| Total Caseload | Total Number of Cases (all youth served during the fiscal year) |  |  |
| 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 |  |  |

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

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

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| --- | --- | --- |
| **GRANTEE BENCHMARKS** | | |
| YOUTH SERVED | ANTICIPATED | ACTUAL |
| *# of youth that can be served annually according to the grant application* |  |  |
|  |  |  |
| LENTGH OF STAY | ANTICIPATED | ACTUAL |
| *Expected length of program participation according to the grant agreement* |  |  |

|  |  |
| --- | --- |
| **PROGRAM YOUTH SIX MONTH OUTCOME MEASURES** | |
| # OF OUTCOMES SUCCESSFULLY TRACKED |  |
| # OF OUTCOMES UNSUCCESSFULLY TRACKED |  |
| # OF YOUTH WITH NEW CHARGES |  |

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