DYS DIVERSION GRANTEE ANNUAL REPORT

Fiscal Year 2025-2026

Due November 30, 2026

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 2025 - 2026

(October 1, 2025 - September 30, 2026)

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 following email addresses: leah.walker@dys.alabama.gov and monica.rowland@dys.alabama.gov .

Annual reports are due no later than November 30.

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? 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

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.

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 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:	

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: 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?

II. 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?

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 the 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 (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		

PROGRAM PARTICIPATION		#	%
County *(list county name, number and percentage of youth served from each county in program service area)*			
Total Number of Case **Closures** for the Fiscal Year			
Successful Case **Closures**			
Unsuccessful Case **Closures**			
Administrative 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	

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*	**$**