

OFFICE OF YOUTH SERVICES

RESPONSE TO ACT 160, SECTION 38.3 SESSION LAWS OF HAWAII 2006

January 2007

I INTRODUCTION

In September 2005, the Office of Youth Services contracted with Salvation Army –Family Intervention Services (SA-FIS) in Hilo to establish and operate the Safe House program in Honoka'a for girls referred by the Department of Human Services, the Family Court, and the Office of Youth Services. The purpose of the Safe House is to provide a highly structured residential setting with an array of "best practice" services and programs to: reduce risk factors that contribute to poor social adjustment; respond to youth needs based on individual assessments; increase personal assets; and reduce recidivism. Services to the youth are provided in a comprehensive, consistent, individualized, and holistic manner.

The purpose of this report is to respond to Section 38.3, Act 160, Session Laws of Hawaii, requesting descriptive, fiscal, and program information concerning the operation of the Safe House since the first year (FY06). The first three months of the contract was dedicated to setting up the program, including furnishing the facility provided by the State, and hiring and training staff. On December 30, 2005, the first youth was accepted into the program. Fiscal information will be presented for the current contract period of November 1, 2006 through October 31, 2007 as well as the initial 13 and ½ month contract period of September 15, 2005 through October 31, 2006 for the first year of operation, and specifically for that period after start-up activities were completed and youth began being placed at the facility. The report is organized in accordance with the section 38.2 request.

II RESPONSE TO QUESTIONS RAISED IN SECTION 38.2, Act 160/SLH 2006

A. Number of Youth Residing in Safehouse

Ke Kama Pono (name for the Safe House program) admitted 14 girls between December 30, 2005 and December 31, 2006, of which four were still in the program at the end of the year. Of those admitted, seven were referred by DHS (usually after judicial intervention removed the girls from their homes), six involved in the juvenile justice system were referred by the Family Court, and one by another OYS program to provide more structured services. Chronic runaways, truancy, and delinquent acts were the most pressing issues that led to placement at Ke Kama Pono. Of those released, only one was for running away from an outing while at the program. Another was referred back to Family Court for more appropriate placement in a therapeutic foster home. The rest either moved on to foster homes (more permanent placement), independent living programs, or aged out of the system. Ke Kama Pono, by license, cannot house girls who reach their 18th birthday <u>unless</u> the youth is actively involved in achieving their high school diploma or a general equivalency diploma. One youth

asked to remain in the program beyond her 18th birthday so that she could complete her education. She graduated and returned to the community.

The facility opened with a six-bed capacity and took a while to fill up. This was anticipated, as new programs find their place on the continuum of care and State agencies become familiar with the program. The population fluxes with the ebb and flow of admissions and releases, but has maintained a steady referral system in the past six months. The County of Hawaii recently approved increasing the capacity of Ke Kama Pono from six to eight, so it is anticipated that more youth will participate in the second year of the contract.

B. THE COST PER YOUTH AT THE SAFE HOUSE

Calculation of the cost per day is convoluted by changes in contract periods and other differences between the first two years of funding. The cost per girl and per bed day in the Honoka'a Ke Kama Pono Safe House decreased from the first year of operation in FY06 to the FY07 budget year as (1) the operating budget decreased, (2) the number of beds increased from six to eight beds; and (3) there were no start-up costs in the second year. The FY07 budget covers from November 1, 2006 through October 31, 2007.

The \$500,000 budget divided by eight beds equals \$62,500 per bed for the 365 day contract period or about \$171 per bed day (\$62,500/365 = \$171). This rate is roughly \$113 less per girl per day than the comparable cost for a ward at HYCF (Department of Education/Department of Health combined costs average \$50/day, added to HYCF cost of approximately \$234/day for a total of \$284 daily cost per ward).

Moreover, the Safe House produces much higher quality results genuinely rehabilitating youth, rather than producing significant proportions of long-term recidivists. OYS continues to educate Family Court Judges about the advantages of adding language in their court orders to allow for federal Title IV-E reimbursements; these reimbursements will reduce the cost per day by 43% to approximately \$97 per day, significantly lower than the cost of housing girls at HYCF which is not eligible for Title IV-E reimbursement.

The contract for the first year of the Safe House, was from September 15, 2005 to October 31, 2006. The first three months was dedicated to establishing the program, and hiring and training staff. The cost per day for the time period of January 1, 2006, to October 31, 2006, the initial period of time youth resided in the program in the first year, was significantly higher. During that period, the facility had a capacity of only six (6) with operating cost for ten months (304 days) at \$578,987, for a cost of \$317 per bed day. This higher daily cost is limited to a one-time program start-up cost. Again, OYS continues to educate Family Court Judges about the advantages of adding language in their court

orders that will allow for federal Title IV-E reimbursements which would have reduced these costs by 43 percent.

The primary focus of this cost analysis, however, should be on the ratio of costs to benefits and the quality of outcomes. The girls that have come to the Ke Kama Pono Safe House were all on the path to HYCF, from which the majority of youth become recidivists in relatively short order. By contrast, to date, only one girl in Ke Kama Pono has been rearrested (for running from the program), and all indications are that all the girls from Ke Kama Pono will fare significantly better than their counterparts who had the misfortune of becoming short-term commitments at HYCF. The many well documented merits of the Safe House experience and positive improvements these girls have experienced are detailed below.

C. MEASUREABLE OUTCOMES OF HELPING THESE YOUTH RE-ENTER SOCIETY

The Office of Youth Service requires performance targets and milestones for each contracted program, a method used to measure performance-based standards. Performance targets are broad goals, while milestones represent the activities taking place that contributed to the achievement of the performance targets. There are two performance targets for the Ke Kama Pono programs: 1) in the first year, "of the youth served in the program, 50% will not commit additional criminal or status offenses for at least six months after discharge from the program;" and 2) 70% of the youth serviced by the program will increase their attendance and improve their grades in educational, vocational, or work programs and maintain that increase for at least six months after discharge from the program."

The only girl to recidivate during the first year was the one who ran from the program. She was on probation at the time and returned to Court for further disposition. All youth have made progress towards their educational goals. This is despite some difficulties the program has faced in ensuring the girls' educational requirements were met. A Department of Education (DOE) certified teacher provided educational programming on-site for the first half of 2006, until she was diagnosed with a serious illness and not able to continue. With the cooperation of DOE, individual education needs are being met on a case-by-case basis. Most girls have been identified as special education/behavior disorder students, with special needs. DOE has provided school-based therapists and tutors to assist in meeting educational requirements. Two girls graduated while in the program.

Attached is the first contract year Outcomes Plan and Program Report submitted by the SA-FIS concerning milestones achieved under the two performance measures during the first year of the contract. For each milestone, Ke Kama Pono met or, in most cases, exceeded planned numbers.

While the above provides measurable outcomes, much of the program's success is due to more intangible characteristics, especially personal relationships with staff and other program participants. Most of the youth who have left the program remain in contact with the staff and, at times, seek further assistance. For example, one youth was released to a foster home placement and eventually returned to her mother's care. Subsequently she ran away, contacted Ke Kama Pono staff who facilitated her placement in the SA-FIS emergency shelter; and staff from both programs worked with the Court to place the youth with her grandmother where she remains today and stays in touch with program staff. This continuity of service and individual attention exemplifies the value of Ke Kama Pono in the continuum of care for our youth.

Another youth had been known to the juvenile justice system for five years with previous referrals to the Family Court, and had been "on the run" for a full year before placement. Chronically truant, the girl had much to catch up with for school. While at Ke Kama Pono, she turned 18 and requested to stay to finish school. While working towards a GED, she got a full time job. Upon graduation and in accordance with State licensing rules, she moved out of the program and into a transitional living program in Hilo where she is currently. She continues to work for the same company (transferred work sites upon her move to Hilo) and has just enrolled at University of Hawaii at Hilo.

It is important to understand the intensity and breadth of the program. Ke Kama Pono is a staff secure facility, with a lower resident to staff ratio than in other residential programs. This lower ratio allows for greater supervision and more individual attention to each resident. Also, the program provides a rich array of services on-site, such as education and family group work, which are not part of most residential programs. For other programs, youth are sent to other funded services to receive the type and range of programming available at the Safe House. What cannot be provided on site are mental health services, so staff drive youth to Kona for therapy. Other transportation responsibilities include taking youth to court hearings and for meetings with other agencies who will be available to assist during the transition to the community. The girls at Ke Kama Pono are active members of the Honoka'a community, providing community service to the elderly, helping at the Humane Society, and serving Thanksgiving meals to the less fortunate, among other things.

Although aftercare services are not required by the contract, they are provided because the staff understand the need to connect with the community for successful reintegration. If the youth is to return home upon discharge, staff work closely with the youth and family in order to maintain success after graduation from the program. If it is not possible for the girl to return home, then alternative placement is secured, such as a therapeutic foster home or independent living.

The effects of youth programs impact individuals for years to come. As a result of participating in Ke Kama Pono, girls are better equipped for the transition to successful adulthood. By completing their education, girls are more likely to be employed in the future and in a better paying job than youth without a diploma or GED. The longer term effects of effective programming can impact reduction in teen pregnancy, reduction in contact with the juvenile and adult justice systems, and reduction in drug and alcohol abuse. We strongly believe Ke Kama Pono, which is designed upon best practices, will result in these types of longer term reductions.

D. PRESENT OR FUTURE EXPANSION PLANS FOR THE SAFEHOUSE PROGRAM

Future plans include establishing at least three more Safe Houses, one each for Kauai, Maui, and West Hawaii. Neighbor Islands have the fewest residential facilities for youth, and when their youth are sent to Oahu for incarceration, it frequently makes it very difficult, if not impossible, for family members to visit them or be engaged in any way in the youth's rehabilitation and reentry into the community. These Safe Houses will contribute to the diversion of youth from the Hawaii Youth Correctional Facility (HYCF) and provide more economic and successful rehabilitation in the same way as the existing facility. Sites have been identified in all three locations. RFPs are currently being written and funds can be encumbered for the start-up of these projects before the end of FY07.

E. MEASUREABLE STATISTICS OF HOW THE SAFEHOUSE PROGRAM IS LOWERING THE POPULATION AT THE HAWAII YOUTH CORRECTIONAL FACILITY

Girls referred by the Family Court were either considered or close to being considered for incarceration at HYCF. Family Court in Hilo actively placed girls in Ke Kama Pono to divert them from or prevent future incarceration (for some, it was a "last chance"). We have not been as successful with diversion from the Kona Family Court, which still uses HYCF for short-term placement for girls who have violated probation. Those referred by DHS had serious runaway histories and were placed in the program as an alternative to referral to Family Court for disposition.

There has not, as yet, been any significant reduction in the current HYCF population as a result of the introduction of the Safe House because the numbers are small at this time. With the program fully operational and an expanded capacity from six to eight beds, we believe Calendar Year 2007 will result in a clear reduction of commitments to HYCF. Expansion of Safe Houses to the planned three additional sites will also contribute to reducing HYCF commitments.

Office of Youth Services OUTCOMES PLAN & PROGRAM REPORT (Submit Original and Two Copies For Each Target Group)

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Target Group Description

Service Areas Targeted (Check One or More)	Statewide (All Islands)	ae Ailua-Kona	Hawaii: Naalehu, Kau Kanaa, Hana, Paia Kanaai: Naalehu, Kau ⊠ Maui: Lanai □ Maui: Molokai	
Risk Level Targeted (Check One Level Only)	Risk Level I At-risk for violence, substance abuse, and/or criminal activity due to geographic, ethnic, or socioeconomic factors.	Any One of the Following: Status offender: Chronically truant, runaway. Involved in gangs, violence, or substance abuse. Experiencing serious family problems. Abused and/or neglected.	Any One of the Following: Any Characteristic of Level III, but also has immediate need for food, shelter, clothing, and/or medical treatment. Involved in felony activity. Court adjudicated. At-risk for out-of-home placement.	Chronic serious offender requiring secure confinement for safety of public and/or of self.
Ethnicities Targeted (Check One or More)	► All Ethnicities	ddian sian e e (Part, Full)	□ Japanese □ Tongan □ Korean □ Unknown □ Laotian □ Other	Age Range Targeted (Between 5 – 19 Years) 12 To 19 M M M M M M M M M M

Performance Targets and Milestones: Report (Unduplicated by Quarters)

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Performance Target & Milestones	Performance Target:	In FY '06, of the youth served by the program, 50% will not commit additional criminal or status offenses for at least six months after discharge from the program.	PT Type: Decreased Arrests	Milestones	Milestone (Registration): Youth is referred to the Safe House Group Home	Milestone: Youth will participate in the interview and/or screening process to determine appropriateness for GH program.	Milestone: Youth is accepted into the program, completes all necessary forms, and agrees to participate in the GH program.	Milestone: Youth is oriented to Youth Development Plan, Person Centered Plan, and Level Contracts	Milestone: PCPs, Action Plan completed	Milestone: Orientation to the cognitive process	Milestone: Oriented to Thinking Report process	Milestone: Able to use cognitive procedure when writing Thinking Report	Milestone: Complete 6 thinking reports	Milestone : Assist in facilitating Thinking Report process
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*Release = No Shows, Released for Misconducts, Dropouts, Transferees/Referrals. Do Not Release Youths Who Complete the Program. #Carryovers = Numbers of Youth Carried Over from the Previous OYS Contract

Performance Targets and Milestones: Report (Unduplicated by Quarters)

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Performance Target & Milestones	Performance Target :	In FY '06, 70% of the youth served by the program will increase their attendance and improve their grades in an educational, vocational, or work program and maintain that increase for at least six months after discharge from the program.	PT Type:	Milestones	Milestone (Registration): Accepted into program	o Group Home rules and ns	Basic Skills 1, 2	Entry Level	Milestone: Youth will attend and complete all assignments in preparation to attend school.	Milestone: Complete Basic Skills 3, 4	Milestone: Complete Level I	Milestone: Youth will attend 90% of all scheduled school activities for a one month period unless officially excused by the school or program	asic Skills 5, 6		k. Milestone: Complete Basic Skills 7, 8
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Narrative for Quarterly Report

Do Not Submit As Initial Outcomes Plan Fill In Answers After Each Questions Submit A New Narrative Each Quarter

During the past Quarter:

What were your agency's major accomplishments towards achieving the performance targets and milestones established for this program? What activities proved to be especially

the cases of 2 clients who were removed from the program. One client, L.M., was removed after repeatedly verbalizing that she did not want to remain at Ke Kama Pono. It should be level of trust our girls have in our program and it's staff is so strong that even if they make mistakes significant enough to warrant their removal from the program, they will still reach out has since moved on to another therapeutic group home. When she was with us and would go home on pass, it became apparent that she was not being adequately supervised. That is, she would call Ke Kama Pono at 12, 1, or 2 am and the staff would say, "Why are you still awake?" C.S. would reply, "I don't know" and the staff would say, "Go to sleep, right now" discharged from Drug Court Probation, and was therefore sent to live with her Auntie rather than return to Ke Kama Pono. After approximately 2 weeks passed, S.S. called the house Ke Kama Pono for support and continued guidance. When she moved on to a foster home, she continued to call and keep us up-dated. When she eventually returned home with her incident with another client, and was subsequently moved to our Emergency Shelter. Every day while in the Emergency Shelter, L.M. requested and was permitted to call the staff at being enrolled in the program, S.S. went on pass with her terminally ill father, and was determined by program staff to have ingested alcohol when she returned. Unfortunately, when Residential Program Manager decided, with support from S.S.'s Probation Officer, to discharge her from the program due to these threats. S.S. was literally 1 week away from being necessarily quantified and reported. For example, we do not detail, "make a significant connection with each client so as to continue to be a trusted resource after leaving or while in the program." But the fact remains, that literally all of our former clients continue to be in contact with program staff. This strong connection and trust is best illustrated by examining confronted by her Probation Officer the following morning, S.S. became angry at the staff member who noticed she had been drinking, and made some threatening comments. The to apologize to the staff member she had threatened. She also continues to check in periodically and we see her around town. The significance of these two examples is this: The to us for guidance and support. Similarly, when we have clients go on pass, they will always call the house to check in and connect with both staff and their peers. One client, C.S., and she would say, "Okay, goodnight," and go to sleep. Although this may seem unimportant, we find it significant, as it shows that not only will our clients respond to our guidance mother, she came by the house to "check in." Another client, S.S. came from HYCF and was referred to Ke Kama Pono by the Big Island Drug Court program. After two months of At the one year mark, we are pleased to report that Ke Kama Pono has met and exceeded the numbers for every milestone projected. We have had significant successes with this contract, and credit a variety of reasons- the milestones we have achieved are ways to measure these successes, however we are equally proud of accomplishments that are not traditional foster-home model, and her counselor was working with the Social Worker to make this transition happen. In the meantime, L.M. was involved in an alleged physical noted that this client was initially referred by her mother, then was transferred to a CWS worker while in our program. This client was determined to be better-served by a more and directives, they seek it out even when they are somewhere else; C.S. knew she needed to be in bed. . . she was just waiting for someone to tell her to do so. One of the most successful practices we use, which is quantified in the milestones component of reporting, has to do with establishing an individualized service plan for each client. Ke demonstrating that she was "done running" and planned to settle down and deal with her issues. As part of the entry process, A.S. had a physical and was determined to be 2 months. Kama Pono is designed to be a six-month program; the total number of days in the four levels of the program equal six months. These six months only serve as a guideline, however, develop a new service plan. It was determined that A.S. would be best served by being back with her foster mom, and the foster mom found a renewed desire to help A.S., being that Reports, etc.) Additionally, we develop a plan for each client based on her individual needs. To illustrate this, two more cases come to mind. The first client, A.S., was only with us in run" for a period of 8 months. A.S. had previously lived with a foster mother for a period of two years. During this time, she had a series of runaways that resulted in the foster mother the program for a period of 2 weeks. However, in that two week period, she accomplished a great deal. A.S. was a "chronic runner" and came to us after having been living "on the as clients can drop levels or remain for extended periods on a certain level as a sanction for poor behavior or lack of productivity (ie, not submitting adequate or enough Thinking pregnant. A.S. only strengthened her resolve to stop her at-risk and runaway behavior, and Ke Kama Pono staff was able to work with the Social Worker and the foster mom to being apprehensive about taking A.S. back. We determined, when developing A.S.'s Service Plan, that she would return to this foster mother after remaining in placement and

she was pregnant and needed maternal guidance and support. Although A.S. was only with us a short time, we believe Ke Kama Pono was instrumental in stabilizing A.S., getting her on Oahu. R.B. was known to our agency, fortunately for her, as she was an extremely "risky" client to accept into the program. R.B. has a diagnosis of Bipolar Disorder, Oppositional Defiant Disorder, and Post-Traumatic Stress Disorder. She has assaulted staff at 3 previous placements with other agencies. Prior to being detained, R.B. was an admitted "ice" user. because R.B. had literally been systematically ejected or rejected from every other agency available. R.B., a dual client with both CWS and Family Court involvement, knew that if she placement, most of them open savings accounts and begin to save money. Three of our girls have turned 18 years old in placement and remained despite previous verbalizations that they will leave "the system" once they turn 18. We have had 2 girls achieve their GED while in placement. One of our girls obtained her permit to drive. Five of our girls satisfied all of their required Community Service Work hours while in placement. In summation, we work to help each girl develop a plan for herself, which includes personal and court-ordered goals, When she was referred to us, R.B. was 3 months pregnant. Her Probation Officer gave her only two options for placement. Ke Kama Pono or HYCF. It should be noted that this was plan, and was released from the program without incident at her scheduled release date. She is now the mother of a beautiful little girl, Annamarie, and mom and baby live together in medications for her Bipolar Disorder that she was previously taking, due to her pregnancy. When R.B. came to us, we developed a 3-month plan to get her prenatal care, connect her with Healthy Start, WIC, and other such programs, and transition her to a foster home within her 7th month of pregnancy. R.B. was extremely successful of achieving every step of her medical attention that resulted in her finding out she was pregnant, and ultimately reunifying her with her foster mom. Another client, R.B., had a special Service Plan that helped her achieve her goal. R.B. came to Ke Kama Pono from the residential treatment program at Queens, which she had been in for 2 weeks. Prior to that, she was in the Detention Home a foster home. Clearly, having the leeway to develop an individualized plan, rather than adhering to a more strict timeline, has been extremely successful. Finally, by developing individualized plans, our girls are able to take care of whatever each needs to take care of in order to transition to her next placement, some of our girls get full-time jobs while in had her baby while incarcerated, the chances for being able to raise the baby would be minimal. To make her stabilization even more difficult, R.B. could not take any of the and then follow the plan and achieve success.

In reviewing the Scope of Services for this program, which components of the Scope has your agency successfully implemented or achieved? Which components are you having difficulty implementing or achieving? Why? 3

recognize that in order to provide a safe environment, we need to look at a variety of areas. First, we have an all-female staff, which is important when working with girls in general, but care. We hold them accountable when they make mistakes, and praise their successes and efforts. One of our clients put it best when she said, "Sometimes this place makes me crazy, but at least I know I can sleep at night without anyone messing with me and I know no matter what, no one is gonna whack me." Fourth, we ensure that the staff and clients demonstrate these qualities, we will and have removed them from our employ. Third, we provide an environment were we listen to and assess the general state of each girl in our The component for the Scope of Services which we are most successful at implementing is to provide a safe environment for our girls. We do not take the term "safe" lightly, we crucial when working with female trauma survivors. Second, we work to ensure that the staff we employ are ethical and trustworthy, honest and empathetic. If they do not alike know procedures for addressing problems, and how to solve these problems in a healthy, supportive, and productive way.

completed school. We have resolved to approach each clients education as we do her service plan: individually. We recognize that the educational component will be our top priority We purchased 6 computers and hooked them up to a network in order to enroll all of our girls online, and then we learned that they had additional requirements because nearly all of We had some of our girls do their schoolwork on-line, and we had some who we would bring schoolwork from their home school and then return to the school once it was completed defiantly been a "learn as you go" process, in that we put a system in place and then have to modify it due to staffing problems or educational compliance requirements. Initially, we hired a DOE-certified teacher to develop and implement our education component. She was diagnosed with a serious illness in the 3rd quarter, and we had to change our approach. our girls have been determined SEBD. Now we have 2 girls who see school-based therapists, 1 who receives tutoring through Honokaa High School twice a week, and 2 that have The most difficult component we have encountered in implementing the scope of services within this contract continues to be implementing the educational component. This has for the following quarters and year.

What problems did this program have to deal with, in terms of staffing, program planning and administration, outcomes monitoring and reporting, communication, youth participation, finances, or communication with the OYS? How were these problems resolved? If the problems were not resolved, what are the plans for resolving these problems? જ

Our three most significant problems this year had to do with staffing, training, and upkeep of our facility. We continue to utilize a variety of resources to staff our program (Alu Like, termination. We will not lower our standards because staff are hard to come by; we will simply continue to use a variety of approaches to attract applicants. Although we have a newspaper ads, Workforce Development, online resources, etc.) Although we were fully staffed at one time, we have lost some employees due to voluntary separation and

plan to eventually have enough staff to have frequent, all day training for our staff. On positive note, we find that the best training is "on the job" training, and when we face a challenge event as a training tool. In regards to problems with our facility, we did suffer some structural damage due to this year's earthquake. We have also experienced some problems which with one of our clients, we staff it as a group and compare best practices as a team. It is difficult to train for every scenario, however, when something eventful happen, we use that always have clients to monitor, it is difficult to find time to set aside for training. Therefore, we incorporate training sessions into our weekly staff meetings. As a long term goal, we wealth of resources to use and much knowledge to pass on to our junior staff as training, the challenge is finding the time to do so. Because we are short-staffed, and because we can be expected as the house "settles-" with full-time occupancy. Our Residential Director addresses each of these problems as they arise.

Please provide other comments or observations that will help the OYS understand the progress of this contract at this time? 4

graduate. We understand that this program is very new, yet we are confident that it will sustain and excel. We ask that OYS takes into consideration, when reviewing all numbers and We are working diligently to develop the best possible delivery of this contract. We task ourselves to make this program successful on all levels: in the feedback given by the clients it serves, in the way it works with the community, in how successful we are at achieving the milestones and performance targets, and in the long term success of the clients who statistical data, that in order to analyze the long-term success of this program (which the performance targets include,) we have to be in operation for a period of time. We are confident that this preliminary efforts will guarantee personal success for our clients which can be measured in the future.

Addendum for the 4th and 8th Quarter Reports

Which performance targets and milestones were achieved, which were not? If performance targets and milestones were not achieved, why not? 5

All of our milestones were achieved.

On our first performance target, we achieved 2 of the projected 3. This is unavoidable, due only to a logistical problem. The Milestone reads, "... 70% will not commit additional... for six months after discharge from the program." At our one year mark, only 2 of our girls have been out of the program for six months. These are the 2 who are reflected in the performance target. Although more than 2 girls have been discharged, none of the others have been discharged for a period of six months yet. On our second performance target, we achieved 6 of the projected 3. Our second performance target has similar wording: "... 70% of the youth ... will increase their attendance and improve their grades in an educational, vocational, or work program and maintain that increase for at least six months..." Although the same principle as above applies, the girls who did or are currently improving were counted, in addition to the 2 who have been out of the program for at least six months.

Please describe any curriculum model or program activity that proved to be especially effective.

We have found that using positive peer influences helps greatly when working with our girls. We have utilized peer mentoring, peer support and/or redirection, and basic peer interaction to facility positive change in our clients. We encourage the girls to help hold each other accountable, rather than waiting for staff to step in and modify behavior.

Can the OYS help you with program design or implementation? How? What changes would you make to program design? 7

We have found OYS to be particularly understanding and helpful with our educational difficulties. Continued guidance and understanding is appreciated. No other changes are recommended at this time.

What other comments or observations do you have that will help the OYS understand the progress of this contract? œ.

None at this time.

Request for Revision

This Form 4:1 is being submitted as a Request for Revision of an Outcomes Plan previously submitted and approved. The boldfaced items have been changed in the Outcomes Plan. The changes are described below. Upon OYS approval of all proposed changes, this Form 4-1 becomes the agency's revised Outcomes Plan.

Change Number	Change Is Requested in the Following (Quote Original Language from the Approved Outcomes Plan)	Change Is Requested As Follows (Type in the New Language That Reflects the Requested Change)	Reasons for Requesting the Change
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Submitted By:	ed By: Gabrielle J. Kubas, Program Manager of Residential Services	sidential Services	Date: 12/20/06
Approve	Approved by: Specialist:	For OYS Use Only Date:/	If approved, changes are effective as of: Date://

Place the Target Type Number Next to Each Performance Target in Form 4-1.

- Decreased Arrests (Including Diversion, DMC) No. Brief Description
 1. Decreased Arrests
 - Improved or Increased School Attendance 2.6.4.6.9.7.8.9.0.1.
- Improved or Increased Community Service
 - Education (of Youth)
- Improved Self-Esteem Improved Family, Personal Relationships Decreased Gang, Delinquency Activity
- Improved G.P.A. Increased Health, Physical Competencies
- Increased Personal, Social Competencies
 - Decreased Substance Abuse
 - Training (of Adults)
- Decreased Violence, Anger Vocational Education, Training (Youth) 5 5 4

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