




2024

**Wellspring
Living**

**2024 Annual
Evaluation**

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Founded in 2001, Wellspring Living is a non-profit organization in Atlanta, Georgia that provides domestic sex trafficking victims and those at risk with specialized recovery services through three residential programs, a community-based program, and post-program support.

The programs provide transformative care through therapeutic services, education, life skills, and personal and professional development. The focus for each participant is on developing their courage to move forward and their confidence to succeed.

Our Mission

Transforming lives of those at risk or victimized by sexual exploitation

Our Vision

A world where every victim of sexual exploitation has access to transformative care.

Goal

To build resilience in women and youth and reduce vulnerability to sexual exploitation or re-exploitation

2024 Evaluation Highlights

Receiving Hope Center (RHC)

- 100% of participants reported an average score of 2 or lower on the behavioral and emotional needs domain of the Child and Adolescent Needs and Strengths (CANS) assessment.
- 100% of participants completed at least 1 course within 90 days of admission.
- 100% of participants were considered “progressing” by 60 days of enrollment.

Girls Residential Program (GRP)

- 92% of participants attended an average of two therapy sessions per week.
- 100% of participants earned 1 or more course credits by the end of the first semester.
- 67% of participants attended 50 life skills opportunities by 6 months of enrollment.

Women’s Residential Program (WRP)

- 100% earned at least 80 Balanced Living Days within 90 days of admission.
- 91% attended at least 12 case management sessions within 90 days of admission.
- 90% attended 16 or more individual counseling sessions by 6 months of enrollment.

Women’s Academy (WA)

- At discharge, 44% of participants earned their GED.
- 100% of participants who started an apprenticeship completed their apprenticeship.
- 80% of participants earned a “Meets Standards” rating on the internal Mock Interview.
- 91% of participants identified an apprenticeship or gained full-time employment by 9 weeks of enrollment.

Post Program Support (PPS)

- 50% had a composite score of 3 or higher on the Assessment of Survivor Outcomes.
- 67% of participants obtained a safe and stable housing placement by 6 months.
- 100% of participants maintained housing.

Programs

Wellspring Living provides domestic sex trafficking victims and those at risk with specialized recovery services through three residential programs (Receiving Hope Center, Girls' Residential Program, and Women's Residential Program) and one community-based program (Women's Academy). Wellspring Living also provides Post-Program Support, which includes a transitional living program (The Bridge) and community-based case management and counseling services. The programs provide transformative care through therapeutic services, education, life skills, and personal and professional development. The focus for each participant is on developing their courage to move forward and their confidence to succeed.

Receiving Hope Center (RHC)

Ages 12-17

The Receiving Hope Center is the state of Georgia's first residential intake center for youth recovered from trafficking. Because of this facility, survivors of domestic minor sex trafficking (DMST) are able to immediately enter into a safe environment and have all their needs met and assessments completed at one location. While at this residential facility, participants receive medical care, academic support, enrichment, therapeutic, and stabilization services for up to 90 days before moving to a long-term placement.

Girls Residential Program (GRP)

Ages 12-17

The Girls' Residential Program serves girls ages 12-17 who are survivors of DMST. The length of stay is about 12 months. The program offers a continuum of care including therapy, case management, education, enrichment, and life skills classes. Wellspring Living operates an on-site school in partnership with Fulton County to help survivors progress toward academic goals. The school provides a hybrid learning style that is interactive, hands-on, and memorable. Programming is individualized to meet the needs of each participant.

Women's Residential Program (WRP)

Age 18+

Wellspring Living Women's Residential Program (WRP) is a long-term residential program for survivors of DST (Domestic Sex Trafficking) that starts with a 3-to-6-month period of stabilization, assessment, and skill building. After the stabilization phase, participants have the opportunity to meet personal, educational, and career goals in the Independent Living phase, which is about 12 months. During the Independent Living phase, participants have access to attend the Women's Academy for support with educational and career goals. Wrap-around services include therapy, case management, life skills, and enrichment. At the end of the program, which cumulatively lasts from 12-18 months, participants will be ready to live independently through accessing appropriate housing, gainful employment, and emotional healing.

Women's Academy (WA)

Age 18+

The Women's Academy (WA) offers programming to women who have experienced difficulty gaining living-wage employment due to life circumstances, such as poverty, sexual abuse, and

trafficking. The goal of the program is to equip women for success in Atlanta’s communities by offering four pathways – Adult Education Pathway (AEP; i.e., GED), Career Preparation Pathway (CPP), Career Intensive Pathway (CIP), and Wellness Pathway. The AEP utilizes a flexible, open-enrollment approach to provide individualized support toward GED attainment. The CPP was added in 2023 to provide a flexible, open-enrollment option for individuals seeking support with career readiness. CIP which provided 9-weeks of structured workforce development programming, followed by the opportunity for a paid apprenticeship with one of Wellspring Living’s corporate partners. All enrolled participants have access to wrap-around services through the Wellness Pathway, including life skills classes (e.g., cooking, financial literacy), enrichment, case management, and counseling. Meals, transportation assistance, and childcare stipends are provided to those in need. Notably, in March 2024, the Women’s Academy moved its programming to two new locations, with AEP offered at Hapeville First United Methodist Church and career programming offered at Dress for Success Atlanta.

Post-Program Support (PPS)

Age 18+

Post-Program Support (PPS) is a new department that was added in 2023, and offers follow-up services for women (and their children) and youth who have participated in Wellspring Living’s programs. Women have access to housing support, case management, and community counseling services. Housing supports include transitional housing (“The Bridge”) and housing vouchers. Case management is a collaborative process in which the participant’s individualized needs and goals are addressed. The community counseling services offer women the opportunity to engage in outpatient counseling. This service is tailored for participants to have regular virtual or in-person counseling sessions while maintaining their daily routine and independent living, and is available to current and former participants, aiming to support healthy transitions and ongoing well-being. Through PPS, staff work to ensure that women and youth who transition from Wellspring Living are equipped with the tools and resources that they need to continue moving toward independence and long-term stability.

Program Objectives

Although all five programs share the same mission to transform the lives of those at risk or victimized by sexual exploitation, each program is unique in the way it addresses this issue. The programs serve different populations (i.e., youth, adults, survivors, and those at-risk) for different lengths of time using activities tailored to each group. In 2023, under the oversight of the new Chief Program Officer and with the guidance of this third-party Evaluator, Wellspring Living developed updated Logic Models and key performance indicators (KPIs) for each program related to Wellspring Living’s overarching mission and strategic plan. As these models were developed during 2023, the program objectives and key performance indicators were revised based on data from 2023. 2024 is the first year where data were collected for all objectives in totality. The objectives, KPIs, instruments, and evaluation results for each program are described below. The current logic models can be found in Appendix A.

Receiving Hope Center

Program Objectives & Evaluation Results

The Receiving Hope Center is the state of Georgia's first residential intake center for trafficked youth. Because of this facility, survivors of domestic minor sex trafficking are able to immediately enter into a safe environment and have all their needs met and assessments completed at one location. While at this residential facility, survivors receive medical care, academic support, therapeutic and stabilization services for up to 90 days before moving to a long-term placement.

In the first 72 hours, the main focus is on completing assessments, including a comprehensive wellness check, participating in an initial therapy session, and enrolling the youth in school. After the first 7 days, the participants are becoming acclimated to the schedule and flow of the program, as well as program guidelines and expectations. During this time, participants are settling in and becoming more comfortable with staff and each other. The expectation is that participants are consistently attending school as well as participating in group, individual and family therapy sessions if indicated. At the 30-day mark, the participants are consistently attending school, have learned healthy coping skills, and are working towards stabilization. By program exit, youth are prepared to transition out of the facility and into the best level of care to meet their unique needs. This could include long-term residential care, outpatient care, independent living setting, placement in a therapeutic foster home, or home with legal guardians.

RHC Program Objectives

Therapy Objectives

- Immediate** Within 7 days of admission, 90% of participants will receive 1 individual counseling session.
 Within 7 days of admission, 90% of participants will develop a safety plan.
- Short-term** By 30 days, 90% of participants will attend 1 psychiatry session.
- Intermediate** By 60 days, 75% of all psychotropic medication change requests will be completed within 7 days.
- Long-Term** By 90 days, 75% of participants will have an average score of 2 or lower on the behavioral and emotional needs domain of the CANS at discharge administration.
- KPIs** By 45 days, 85% of participants will have attended 15 group therapy sessions.
 By 45 days, 85% of participants will have attended 10 individual therapy sessions.

Academic Support Objectives

- Immediate** During the academic year, within 24 hours of admission, 90% of participants will be enrolled in school.
- Short-term** During the academic year, by 30 days, 90% of participants will have completed the Let's Go Learn Assessment with focal areas of Math and Language Arts.

- Long-Term** By 90 days, 50% of participants will have completed at least 1 course.
By 90 days, 75% of participants will have a 0.25 increase on post-test scores on the Let's Go Learn Assessment for Math (excluding July discharges).
By 90 days, 75% of participants will have a 100-point increase for Language Arts (excluding July discharges).
- KPI** During the academic year, by 45 days, 50% of participants will have earned at least 50% progress toward completing one course.

Wellness Management Objectives

- Immediate** Within 72 hours of admission, 100% of participants will have attended their well child check appointment (pediatrician).
- Short-term** By 30 days, 90% of participants will have attended their dental appointment.
By 30 days, 90% of participants who received a referral will have a follow-up appointment scheduled with the referred provider.
- Intermediate** By 60 days, 90% will have attended the 4 essential medical appointments (i.e., initial medical screen, well child check, dental appointment, and psychiatry appointment).
- Long-Term** By 90 days, 90% of participants will have their discharge lab work completed.
- KPIs** 90% of DFCS and DJJ participants will have an ECEM each month.
90% of participants will have at least 5 General Contacts with HSP.

Building Daily Living Skills Objectives

- Immediate** Within 7 days, 90% of participants will complete a 7 Day ISP.
- Short-term** Within the first 35 days, 90% of participants will complete a Team Review Meeting (TRM), 30 Day ISP, and Casey Life Skills Assessment (14 years old +).
- Intermediate** Within 65 days, 90% of participants will complete a 60 Day TRM.
By the 60 Day TRM, 75% of participants will have a treatment response status of "progressing."
- Long-Term** By the Discharge Planning Meeting, 75% of participants will have a treatment response status of "stabilized."
- KPI** By 60 days, 80% of participants will have earned 48 Balanced Living Days.

Criminal Justice Support Objectives

- Immediate** Within 72 hours of admission, 90% of participants who are eligible for a SANE exam will complete the SANE exam.

- Long-Term** By discharge, 90% of participants with a recommendation for a forensic interview will have completed the forensic interview.
- KPI** Within 30 days, 85% of youth meet with CACGA CSEC Care Coordinator.

RHC Instruments

Balanced Living Days

Participants who successfully engage with the program move through stages based on how many days of Balanced Living they earn. The number and length of stages as well as the specific activities and responsibilities of each stage varies by program. The stages for RHC are Orientation, Exploration, Application, Preparation, Action, and Transition. Balanced Living Days are calculated based on the

Child and Adolescent Needs and Strengths

The Child and Adolescent Needs and Strengths (CANS-SCREEN) is a 30-item instrument designed to evaluate the strengths and needs of children and adolescents across multiple life domains, including Life Functioning, Behavioral/Emotional Needs, Risk Behaviors, Caregiver Needs and Strengths, Strengths, and Acculturation. The Life Functioning subscale assesses the child's ability to manage daily life across key areas such as family, school, and peer relationships. The Behavioral/Emotional Needs subscale identifies mental health concerns, including anxiety, depression, and aggression, that may require intervention. The Risk Behaviors subscale examines behaviors that could pose a threat to the child's safety, such as self-harm, substance use, or runaway behavior. The Caregiver Needs and Strengths subscale evaluates the support system by measuring the caregiver's emotional stability, supervision capacity, and ability to provide for the child's needs. The Strengths subscale highlights protective factors such as resilience, social skills, and optimism, which can aid in the child's development and treatment planning. Lastly, the Acculturation subscale considers cultural identity, language barriers, and stress related to adapting to a new culture, which may affect the child's integration and access to services. Each item is rated on a four-point scale (0-3), where 0 indicates no need for action, 1 suggests a need for monitoring or preventive care, 2 signifies a need for targeted intervention, and 3 represents an immediate or intensive need. Higher scores indicate greater levels of need or concern in the assessed areas.

Casey Life Skills Assessment

The Casey Life Skills Assessment (CLS) is a 126-item questionnaire that measures independent living skills for youth ages 14-21 across 9 functional areas (i.e., Daily Living, Self Care, Relationships and Communication, Housing, Money Management, and Transportation, Work and Study, Career and Education Planning, Civic Engagement, Navigating the Child Welfare System, and Looking Forward). Individuals assess whether statements associated with daily living skills are like them on a scale of 1 (yes) to 5 (no), with 5 representing strength of the skills in an area. A total score is calculated by averaging the average scores in each functional area.

Let's Go Learn Assessments

The Let's Go Learn Assessments are a suite of adaptive, diagnostic tools designed to evaluate students' strengths and learning gaps in key academic areas, primarily reading and mathematics. These assessments, which include DORA (Diagnostic Online Reading Assessment), ADAM (Adaptive Diagnostic Assessment of Mathematics), and DOMA (Diagnostic Online Math Assessment), use adaptive technology to tailor questions to each student's ability level. Higher scores on Let's Go Learn Assessments indicate greater proficiency and mastery of the assessed academic skills.

RHC 2024 Evaluation Results

A total of 64 youth participated in the RHC program between January 1, 2024 and December 31, 2024.

Therapy Objectives

Immediate Objective: Individual Counseling

Data were available for 64 youth who participated in the RHC in 2024. Of the 64 participants, eight participants were admitted into RHC at the end of 2023, 1 participant was discharged prior to 7 days, and 1 participant had missing data. Therefore, 10 participants were excluded from the analysis. Of the 54 participants retained in the analysis, 44 (80%) received 1 individual counseling session within seven days of admission into RHC. On average, participants received their first individual counseling session within approximately 5 days of admission ($M = 4.81$, $SD = 3.29$), with the number of days after admission ranging from 1 to 14 days.

Immediate Objective: Safety Plan

Data were available for 64 youth who participated in the RHC in 2024. Of the 64 youth, 8 participants were admitted to RHC at the end of 2023, 1 participant was discharged prior to seven days, and 4 participants had missing data. Therefore, 13 participants were excluded from the analysis. Of the 51 participants retained in the analysis, 45 participants (88%) developed a safety plan within the first week of admission. The average number of days after admission for developing a safety plan was approximately 3 days ($M = 2.57$, $SD = 3.3$), with the number of days after admission ranging from the same day to 14 days.

Short-Term Objective: Psychiatry Session

Data were available for 64 youth who participated in the RHC in 2024. Of the 64 youth, 30 days after admission fell within 2023 for 6 participants and within 2025 for 7 participants; therefore, they were excluded from the analysis. Additionally, 2 participants were discharged prior to 30 days, and 1 participant had missing data. Therefore, 48 participants were retained in the analysis. Of the 48 participants, 98% ($n = 47$) attended 1 psychiatry session within 30 days of enrollment. On average, participants attended their first psychiatry session approximately 13 days after enrollment ($M = 13.02$, $SD = 11.25$), with days ranging from 2 to 79 days after admission. Given the wide range due to an outlier, the median number of days after admission is likely more reflective of psychiatry session attendance, which was 10 days after admission.

Intermediate Objective: Psychotropic Medication Change Requests

Data were available for 64 youth who participated in the RHC in 2024. Of the 64 participants, 60 days after admission fell within 2023 for 2 participants and within 2025 for 7 participants. Fourteen participants did not request psychotropic medication changes, and data were missing for 7 participants who requested psychotropic medication changes. Of the 34 participants retained in the analysis, 17 participants (50%) had all medication change requests completed within 7 days.

Long-Term Objective: Behavioral and Emotional Needs

Due to changes in assessment processes by the third party who provides clinical services for RHC, data were available for 7 youth who completed the CANS at discharge in 2024. Of the 7 participants, 7 participants (100%) reported an average score of 2 or lower on the behavioral and emotional needs domain at the discharge administration.

Key Performance Indicator: Group Therapy

Data were available for 64 youth who participated in the RHC in 2024. Eight participants were excluded from the analysis for 45 days after admission falling within 2023, and 7 participants following within 2025. Additionally, four participants discharged prior to 45 days, and 1 participant had missing data. Thus, 44 participants were retained in the analysis. Of the 44 participants, 20% ($n = 9$) of participants attended 15 or more group therapy sessions within 45 days of admission, with the average number of sessions attended as 11 ($M = 11.45$, $SD = 3.17$) and the number of sessions ranging from 4 to 17 sessions by 45 days.

Key Performance Indicator: Individual Therapy Sessions

Data were available for 64 youth who participated in the RHC in 2024. Eight participants were excluded from the analysis for 45 days after admission falling within 2023, and 7 participants falling within 2025. Additionally, four participants were discharged prior to 45 days, and 1 participant had missing data. Thus, 44 participants were retained in the analysis. Of the 44 participants, 20% ($n = 9$) attended 15 or more group therapy sessions within 45 days of admission, with the average number of sessions attended being 11 ($M = 11.45$, $SD = 3.17$), and the number of sessions ranging from 4 to 17 by 45 days.

Academic Support Objectives

Immediate Objective: School Enrollment

Data were available for 64 youth who participated in the RHC in 2024. Eight participants were excluded from the analysis due to enrollment occurring at the end of 2023, and 10 participants were excluded for admission into RHC during the summer months. Of the 46 participants retained in the analysis, 44 participants (96%, $n = 44$) were enrolled in school within 24 hours of admission to RHC.

Short-Term Objective: Let's Go Learn Assessment Focal Areas Completion

Data were available for 64 youth who participated in the RHC in 2024. Of the 64 youth, 6 were removed from the analysis due to day 30 occurring in 2023, 7 were removed for day 30 occurring in 2025, 3 were removed for discharging from RHC prior to day 30, and 8 were removed for enrolling during summer months, resulting in 38 participants retained in the analysis. Of the 38 participants, 37 participants (93%, $n = 37$) completed the Let's Go Learn Assessment in the focal areas of Math and Language Arts within 30 days of admission into RHC.

Long-Term Objective: Course Completion

Data were available for 64 youth who participated in the RHC in 2024. Participants were excluded from the analysis if Day 90 occurred in 2025 ($n = 10$), if they discharged prior to 90 days ($n = 7$), or if they had missing data ($n = 3$), resulting in 44 participants retained in the analysis. Of the 44 participants, 100% of participants ($n = 44$) completed at least 1 course within 90 days of admission in RHC.

Long-Term Objective: Post-Test Score Increase in Math

Data were available for 64 youth who participated in the RHC in 2024. Participants enrolled in RHC prior to August 31, 2024 were excluded from the analysis due to pre- and post-administrations of the Let's Go Learn Assessment beginning at the start of the 2024–2025 academic year ($n = 43$). Additionally, 4 participants were excluded for discharging from RHC prior to 90 days of enrollment, and one participant had only one test score, resulting in 16 participants retained in the analysis. Of the 16 participants, 11 participants (69%, $n = 11$) had a 0.25 increase from the pre-test to the post-test on the Let's Go Learn Math Assessment.

Long-Term Objective: Post-Test Score Increase in Reading

Data were available for 64 youth who participated in the RHC in 2024. Participants enrolled in RHC prior to August 31, 2024 were excluded from the analysis due to pre- and post-administrations of the Let's Go Learn Assessment beginning at the start of the 2024–2025 academic year ($n = 43$). Additionally, 4 participants were excluded for discharging from RHC prior to 90 days of enrollment, and 7 participants were excluded from the analysis due to having only one test score or missing data, resulting in 10 eligible participants. Of the 10 participants retained in the analysis, 6 participants (60%, $n = 6$) had at least a 100-point increase from the pre-test to the post-test on the Let's Go Learn Reading Assessment.

Key Performance Indicator: Course Completion Progress

Data were available for 64 youth who participated in the RHC in 2024. Participants where day 45 fell in 2023 ($n = 4$) or 2025 ($n = 7$) were excluded from the analysis. Additionally, three participants were discharged from RHC prior to 45 days, and 14 participants had missing data. Thus, they were excluded from the analysis, resulting in 36 participants being retained in the analysis. Of the 36 participants, 19 participants (53%, $n = 19$) earned at least 50% progress toward course completion for one course.

Wellness Management Objectives

Immediate Objective: Well Child Check Appointment

Data were available for 64 youth who participated in the RHC in 2024. Eight participants were excluded from the analysis due to 72 hours of admission occurring in 2023. Additionally, 1 participant was discharged prior to 72 hours, and data were missing for six participants. Of the 49 participants retained in the analysis, 31 participants (63%) attended their well-child check appointment with the pediatrician within 72 hours of admission. On average, participants attended their well-child check appointment 4 days after admission ($M = 4.19$, $SD = 4.24$), with the number of days after admission ranging from the same day to 20 days. The median number of days after admission was 2 days. Due to several outliers and the wide range of days after admission for appointment attendance, the median score is likely a more reflective estimate of the number of days after admission that the well-child check occurred.

Short-Term Objective: Dental Appointment

Data were available for 64 youth who participated in the RHC in 2024. Participants whose 30th day after admission occurred in 2023 ($n = 6$) or 2025 ($n = 7$) were excluded from the analysis. Additionally, 3 participants were discharged from RHC prior to 30 days of enrollment, resulting in 48 participants retained in the analysis. Of the 48 participants, 39 participants (81%, $n = 39$) attended a dental appointment within 30 days of admission. On average, participants attended their dental appointment approximately 17 days after admission to RHC ($M = 17.33$, $SD = 17.28$), with days after admission ranging from the same day to 90 days. The median number of days after admission for attending the dental appointment was 12 days. Due to several outliers and the wide range of days after admission for appointment attendance, the median score is likely a more reflective estimate of the number of days after admission that the dental appointment occurred.

Short-Term Objective: Scheduled Follow-up Appointment

No data were available to assess the number of scheduled follow-up appointments for RHC participants in 2024.

Intermediate Objective: Essential Medical Appointments Attendance

Data were available for 64 youth enrolled in RHC in 2024. Of the 64 participants, two participants were enrolled in RHC in 2023 and seven were enrolled in 2025. Thus, they were excluded from the analysis. Of the 55 remaining participants, 2 were discharged from RHC prior to 30 days. Additionally, 1 participant had missing data for the initial medical appointment, 1 had missing data for the psychiatry appointment, and 6 had missing data for the well-child check. Therefore, 53 were retained in the analysis. Of the 53, 42 participants (79%) attended all four essential medical appointments within 30 days of admission into RHC. On average, participants attended the initial medical appointment within 1 day of admission ($M = 0.55$, $SD = 2.19$, $Mdn = 0$), the well-child check within 5 days of admission ($M = 4.77$, $SD = 4.76$, $Mdn = 3$), the dental appointment within 18 days of admission ($M = 18.39$, $SD = 18.61$, $Mdn = 13$), and the psychiatry appointment within 12 days of admission ($M = 12.42$, $SD = 10.83$, $Mdn = 9.5$). Due to outliers, the median estimates are likely most reflective of the number of days after admission for essential medical appointment attendance.

Long-Term Objective: Discharge Lab Work

Data were available for 64 youth who participated in RHC in 2024. Of the 64 youth, 21 were excluded from the analysis for having their lab work completed in 2025 ($n = 10$), for discharging prior to having their lab work completed ($n = 6$), or for having missing data. Of the 43 remaining youth, 40 (93%) completed their discharge paperwork by 90 days.

Key Performance Indicator: Monthly ECEM

Data were available for 64 youth enrolled in RHC in 2024. Of the 64 youth, 33 were DFCS participants. Six of the 33 DFCS participants (20%, $n = 6$) had an ECEM each month.

Key Performance Indicator: Contacts with the HSP

Data were available for 64 youth enrolled in RHC in 2024. Eleven participants were not eligible for the analysis due to contacts with the HSP not occurring in 2024 ($n = 9$), being discharged from RHC ($n = 1$), or having missing data. Thus, 53 participants were retained in the analysis. Of the 53 participants, no participants (0%) had at least 5 contacts with the HSP.

Building Daily Living Skills Objectives

Immediate Objective: Individualized Service Plan

Data were available for 64 youth enrolled in RHC in 2024. Of the 64, 12 participants were not eligible for the analysis due to completing individualized service plans in 2023 ($n = 8$), discharging from RHC prior to 7 days ($n = 1$), or having missing data ($n = 3$). Of the 52 youth included in the analysis, 46 (88%, $n = 46$) completed a 7-Day Individualized Service Plan (ISP). On average, participants completed ISPs 7 days after enrollment ($M = 7.05$, $SD = 1.23$), with ISPs completed between 6 and 13 days after admission into RHC.

Short-Term Objective: TRM, 30-Day ISP, and Casey Life Skills Assessment

Data were available for 64 youth who participated in the RHC in 2024. Of the 64 youth, 28 were excluded from the analysis due to 30 days after admission occurring in 2023 ($n = 4$) or 2025 ($n = 7$), discharging from RHC prior to 30 days ($n = 3$), or having missing data ($n = 14$). Of the 36 participants retained in the analysis, 23 participants (64%, $n = 23$) completed the Team Review Meeting (TRM), 30-Day ISP, and Casey Life Skills Assessment (14 years old +) within the first 35 days. On average, participants completed a TRM approximately 30 days after admission to RHC ($M = 30.11$, $SD = 2.72$), completed a 30-Day ISP

approximately 33 days after admission to RHC ($M = 33.44$, $SD = 3.12$), and completed the Casey Life Skills Assessment approximately 8 days after admission to RHC ($M = 7.78$, $SD = 7.39$).

Intermediate Objective: 60-Day Team Review Meeting

Data were available for 64 youth at RHC in 2024. Participants who completed a 60-Day Team Review Meeting (TRM) in 2023 ($n = 2$) or 2025 ($n = 7$) were excluded from the analysis. Additionally, 9 participants were excluded from the analysis for discharging prior to 65 days ($n = 8$) or having missing data ($n = 1$). Of the 56 participants retained in the analysis, 43 participants (77%, $n = 43$) completed a 60-Day TRM within 65 days. On average, the 60-Day Team Review Meeting occurred 60 days after admission to RHC ($M = 60.47$, $SD = 3.47$), with days after admission ranging from 52 to 69.

Intermediate Objective: “Progressing” Treatment Response Status

Data were available for 64 participants enrolled in RHC in 2024. Fifty-two participants were excluded from the analysis for the 60 days occurring in 2023 ($n = 2$) or 2025 ($n = 7$), discharging from RHC prior to 60 days ($n = 8$), or having no treatment response recorded ($n = 35$). Of the 12 eligible participants, the treatment response for all 12 participants (100%, $n = 12$) was recorded as “progressing” by 60 days of enrollment.

Long-Term Objective: “Stabilized” Treatment Response Status

No data were available to evaluate participants’ treatment response status at the time of the Discharge Planning Meeting.

Key Performance Indicator: Balanced Living Days

Data were available for 64 participants enrolled in RHC in 2024. Eleven participants were excluded from the analysis for 60 days occurring in 2023 ($n = 4$) or 2025 ($n = 7$). Additionally, 8 participants were discharged prior to 60 days, and data were missing for 4 participants, resulting in 51 participants retained in the analysis. Of the 51 participants, 30 participants (59%, $n = 30$) earned 48 balanced living days by 60 days. On average, participants completed approximately 51 balanced living days ($M = 51.23$, $SD = 5.38$) by 60 days of enrollment.

Criminal Justice Support Objectives

Immediate Objective: SANE Exam

Data were available for 64 youth at RHC in 2024. Of the 64, 51 participants were exempt from the SANE exam, while 9 participants were excluded from the analysis due to admission occurring in 2023 ($n = 6$), discharging prior to 72 hours ($n = 1$), or having missing data ($n = 2$). Thus, no participants completed a SANE exam within 72 hours of admission due to exemption.

Long-Term Objective: Forensic Interview

Data were available for 64 youth at RHC in 2024. Of the 64, only 6 participants were recommended to complete a forensic interview in 2024. Of the 6 participants, 4 participants (66%, $n = 4$) completed the forensic interview by discharge from RHC.

Key Performance Indicator: Meeting with CSEC Care Coordinator

Data were available for 64 youth at RHC in 2024. Eighteen participants were excluded from the analysis due to 30 days after admission occurring in 2023 ($n = 6$) or 2025 ($n = 7$), discharging from RHC prior to 30 days ($n = 3$), or having missing data ($n = 2$), resulting in 46 participants retained in the analysis. Of the 46 youth, 39 participants (85%, $n = 39$) met with the CSEC Care Coordinator within 30 days after admission in RHC.

Conclusions

The Receiving Hope Center demonstrated success in several outcome areas, including academic enrollment (96% within 24 hours), access to psychiatric care (98% within 30 days), and course completion (100% by 90 days). Key clinical goals such as safety plan development (88%) and completion of Individualized Service Plans (88%) were also largely met. Additionally, the majority of participants completed academic assessments and showed positive academic and emotional stabilization outcomes, including 100% of those assessed at discharge scoring within the desired range on the behavioral and emotional needs domain of the CANS. However, the program did not meet several key performance indicators. Only 20% of participants met targets for group and individual therapy session attendance within the first 45 days, suggesting limited therapeutic engagement. Medical service timelines were inconsistent, such as only 63% received their well-child check within 72 hours. While 79% of participants completed all essential medical appointments by 30 days, wide variability in timing suggests scheduling and coordination issues. Furthermore, only 64% completed the required 30-day case management milestones, and 59% met the Balanced Living Days goal by 60 days, suggesting a need for improved consistency in programming. Several longer-term indicators were either unmet or lacked sufficient data to evaluate, such as treatment response at discharge, forensic interview completion, and follow-up care coordination.

Recommendations

To strengthen program delivery and improve outcomes, the Receiving Hope Center should implement targeted changes across clinical, operational, and data management domains. First, the program would benefit from prioritizing increased therapeutic engagement among participants. Staff should identify barriers to participation in group and individual therapy sessions, such as scheduling, staffing, group formats, or incentive structures, and address them accordingly. Staff may also benefit from additional training in trauma-informed approaches that enhance rapport and motivation to support sustained participation.

Second, staff should revisit and streamline workflows to ensure the timely completion of medical and case management milestones, such as essential medical appointments, pre- and post-assessments, and team review meetings. Enhancing or implementing automated reminders and checklists, in addition to conducting quarterly reviews, may help ensure that milestones are consistently met. Third, the program should consider adopting real-time data entry systems with built-in validation checks to reduce missing information, particularly for discharge status, follow-up appointments, and treatment response outcomes. Underperforming KPIs, such as Balanced Living Days and HSP contacts, should be reviewed to determine whether benchmarks need adjustment or if additional resources and support are required.

Finally, the quarterly review process should be used to monitor progress, identify emerging challenges, and guide timely interventions to strengthen service delivery across all domains of care. Program logic models should be treated as living documents that can and should be revised throughout the year as new data, shifting needs, implementation challenges, or program adaptations arise. KPI benchmarks should be used to support data-driven decision-making throughout the year, monitoring the timeliness and consistency of services and identifying areas for improvement. As such, KPIs should be reviewed regularly, not just annually, to inform mid-year adjustments and ensure the program remains aligned with its intended outcomes.

Table 1. Summary of RHC 2024 Evaluation Results

Activity	Benchmarks	Objective	Status	Comments
Therapy	Immediate	Within 7 days of admission, 90% of participants will receive 1 individual counseling session.	Not Met	Of the 54 participants retained in the analysis, 44 (80%) received 1 individual counseling session within seven days of admission into RHC. On average, participants received their first individual counseling session within approximately 5 days of admission ($M = 4.81$, $SD = 3.29$), with the number of days after admission ranging from 1 to 14 days.
		Within 7 days of admission, 90% of participants will develop a safety plan.	Not Met	Of the 51 participants retained in the analysis, 45 participants (88%) developed a safety plan within the first week of admission. The average number of days after admission for developing a safety plan was approximately 3 days ($M = 2.57$, $SD = 3.3$), with the number of days after admission ranging from the same day to 14 days.
	Short-Term	By 30 days, 90% of participants will attend 1 psychiatry session.	Met	Of the 48 participants, 98% ($n = 47$) of participants attended 1 psychiatry session within 30 days of enrollment. On average, participants attended their first psychiatry session approximately 13 days after enrollment ($M = 13.02$, $SD = 11.25$, $Mdn = 10$), with days ranging from 2 to 79 days after admission.
	Intermediate	By 60 days, 75% of all psychotropic medication change requests will be completed within 7 days.	Not Met	Of the 34 participants retained in the analysis, 17 participants (50%) had all medication change requested completed within 7 days.
	Long-Term	By 90 days, 75% of participants will have an average score of 2 or lower on the behavioral and emotional needs domain of the CANS at discharge administration.	Met	Of the 7 participants, 7 participants (100%) reported an average score of 2 or lower on the behavioral and emotional needs domain of the CANS at the discharge administration.
Key Performance Indicators	By 45 days, 85% of participants will have attended 15 group therapy sessions.	Not Met	Of the 44 participants, 20% ($n = 9$) of participants attended 15 or more group therapy sessions within 45 days of admission, with the average number of sessions attended as 11 (M	

Activity	Benchmarks	Objective	Status	Comments
				= 11.45, $SD = 3.17$) and the number of sessions ranging from 4 to 17 sessions by 45 days.
		By 45 days, 85% of participants will have attended 10 individual therapy sessions.	Not Met	Of the 44 participants retained in the analysis, 80% ($n = 35$) of participants attended 10 or more individual therapy sessions within 45 days of admission, with approximately 12 individual sessions attended on average ($M = 11.52$, $SD = 2.28$) ranging from 6 to 16 sessions at 45 days.
Academic Support	Immediate	During the academic year, within 24 hours of admission, 90% of participants will be enrolled in school.	Met	Of the 46 participants retained in the analysis, 44 participants (96%) were enrolled in school within 24 hours of admission to RHC.
	Short-Term	During the academic year, by 30 days, 90% of participants will have completed the Let's Go Learn Assessment with focal areas of Math and Language Arts.	Met	Of the 40 participants, 37 participants (93%) completed the Let's Go Learn Assessment in the focal areas of Math and Language Arts within 30 days of admission into RHC.
	Long-Term	By 90 days, 50% of participants will have completed at least 1 course.	Met	Of the 44 participants, 100% of participants ($n = 44$) completed at least 1 course within 90 days of admission in RHC.
		By 90 days, 75% of participants will have a 0.25 increase on post-test scores on the Let's Go Learn Assessment for Math and/or 100-point increase for Language Arts (excluding July discharges).	Not Met	Of the 16 participants, 11 participants (69%) had a .25 increase from the pre-test to the post-test on the Let's Go Learn Math Assessment.
		By 90 days, 75% of participants will have a 100-point increase on post-test scores on the Let's Go Learn Assessment on Language Arts (excluding July discharges).	Not Met	Of the 10 participants retained in the analysis, 6 participants (60%) had at least a 100-point increase from the pre-test to the post-test on the Let's Go Learn Reading Assessment.
	Key Performance Indicator	During the academic year, by 45 days, 50% of participants	Met	Of the 36 participants, 19 participants (53%) earned at least

Activity	Benchmarks	Objective	Status	Comments
		will have earned at least 50% progress toward completing one course.		50% progress toward course completion for one course.
Wellness Management	Immediate	Within 72 hours of admission, 100% of participants will have attended their well child check appointment (pediatrician).	Not Met	Of the 49 participants retained in the analysis, 31 participants (63%) attended their well child check appointment with the pediatrician within 72 hours of admission. On average, participants attended their well-child check appointment 4 days after admission ($M = 4.19$, $SD = 4.24$, $Mdn = 2$), with the number of days after admission ranging from the same day to 20 days after admission.
	Short-Term	By 30 days, 90% of participants will have attended their dental appointment.	Not Met	Of the 48 participants, 39 participants (81%) attended a dental appointment within 30 days of admission. On average, participants attended their dental appointment approximately 17 days after admission in RHC ($M = 17.33$, $SD = 17.28$, $Mdn = 12$), with days after admission ranging from the same to 90 days.
		By 30 days, 90% of participants who received a referral will have a follow-up appointment scheduled with the referred provider.	Unable to Measure	No data were available to assess the number of scheduled follow-up appointments for RHC participants in 2024.
	Intermediate	By 60 days, 90% will have attended the 4 essential medical appointments (i.e., initial medical screen, well child check, dental appointment, and psychiatry appointment).	Not Met	Of the 53, 42 participants (79%) attended all four essential medical appointments within 30 days of admission into RHC. On average, participants attended the initial medical appointment within 1 day of admission ($M = .55$, $SD = 2.19$, $Mdn = 0$), the well child check within 5 days of admission ($M = 4.77$, $SD = 4.76$, $Mdn = 3$), the dental appointment within 18 days of admission ($M = 18.39$, $SD = 18.61$, $Mdn = 13$), and the psychiatry appointment within 12 days of admission ($M = 12.42$, $SD = 10.83$, $Mdn = 9.5$).
	Long-Term	By 90 days, 90% of participants will have	Met	Of the 43 youth, 40 (93%) completed their discharge paperwork by 90 days.

Activity	Benchmarks	Objective	Status	Comments
		their discharge lab work completed.		
	Key Performance Indicators	90% of DFCS and DJJ participants will have an ECEM each month.	Not Met	Of the 64 youth, 33 were DFCS participants. Six of the 33 DFCS participants (20%) had an ECEM each month.
90% of participants will have at least 5 General Contacts with HSP.		Not Met	Of the 53 participants, no participants (0%) had at least 5 contacts with the HSP.	
Daily Living Skills Building	Immediate	Within 7 days, 90% of participants will complete a 7 Day ISP.	Not Met	Of the 52 youth included in the analysis, 46 (88%) completed a 7-Day Individualized Service Plan (ISP). On average, participants completed ISPs 7 days after enrollment ($M = 7.05$, $SD = 1.23$), with ISPs completed between 6 and 13 days after admission into RHC.
	Short-Term	Within the first 35 days, 90% of participants will complete a Team Review Meeting (TRM), 30 Day ISP, and Casey Life Skills Assessment (14 years old +).	Not Met	Of the 36 participants retained in the analysis, 23 participants (64%) completed the Team Review Meeting (TRM), 30 Day ISP, and Casey Life Skills Assessment (14 years old +) within the first 35 days. On average, participants completed a TRM approximately 30 days after admission in RHC ($M = 30.11$, $SD = 2.72$), completed a 30 Day ISP approximately 33 days after admission in RHC ($M = 33.44$, $SD = 3.12$), and completed the Casey Life Skills Assessment approximately 8 days after admission in RHC ($M = 7.78$, $SD = 7.39$).
	Intermediate	Within 65 days, 90% of participants will complete a 60 Day TRM.	Not Met	Of the 56 participants retained in the analysis, 43 participants (77%) completed a 60-Day TRM within 65 days. On average, the 60-Day Team Review Meeting occurred 60 days after admission in RHC ($M = 60.47$, $SD = 3.47$), with days after admission ranging from 52 to 69.
		By the 60 Day TRM, 75% of participants will have a treatment response status of "progressing."	Met	Of the 12 eligible participants, the treatment response for 12 participants (100%) was recorded as "progressing" by 60 days of enrollment.
	Long-Term	By the Discharge Planning Meeting, 75% of participants will have a treatment	Unable to Measure	No data were available to evaluate participants' treatment response status by the Discharge Planning Meeting.

Activity	Benchmarks	Objective	Status	Comments
		response status of “stabilized.”		
	Key Performance Indicator	By 60 days, 80% of participants will have earned 48 Balanced Living Days.	Not Met	Of the 51 participants, 30 participants (59%) earned 48 of balanced living days by 60 days. On average, participants completed approximately 51 balanced living days ($M = 51.23, SD = 5.38$) by 60 days of enrollment.
Criminal Justice Support	Immediate	Within 72 hours of admission, 90% of participants who are eligible for a SANE exam will complete the SANE exam.	Unable to Measure	No participants completed a SANE exam within 72 hours of admission due to exemption.
	Long-Term	By discharge, 90% of participants with a recommendation for a forensic interview will have completed the forensic interview.	Not Met	Of the 6 participants, 4 participants (66%) completed the forensic interview by discharge from RHC.
	Key Performance Indicator	Within 30 days, 85% of youth meet with CACGA CSEC Care Coordinator.	Met	Of the 46 youth, 39 participants (85%) met with the CSEC Care Coordinator within 30 days after admission in RHC.

Girls Residential Program Program Objectives & Evaluation Results

The youth who are admitted to Wellspring Living’s Girls’ Residential Program (GRP) are between 12 to 17 years of age. These youth are survivors of DMST who have had multiple traumatic life experiences including involvement with the Department of Family and Children's Services, as well as the Department of Juvenile Justice. Most have also experienced several placement disruptions due to various traumas including, but not limited to elopement, behavioral challenges, emotional instability, and lack of parental support. During their first 7 days in the program, the participants are adjusting to the new environment and the staff. GRP’s goals are to provide them with a safe living environment, thoroughly assess their trauma utilizing various standardized instruments, develop an individualized service plan, schedule doctor, dentist, and psychiatric appointments, and start them on their path to healing. GRP staff understand that participating in a residential program and living in a congregate setting is a major adjustment. Additionally, dealing with trauma is incredibly difficult, thus the immediate focus is on creating a welcoming and nurturing environment where participants will want to remain and focus on healing.

After the first 30 days, the participants have likely become accustomed to the schedule and flow of the program, as well as program guidelines and expectations. During this time, participants have settled in and become more comfortable with staff and each other. The expectation is that participants are consistently attending school as well as participating in group, individual and family therapy sessions. At the 180-day mark, the participants are consistently attending school and have successfully progressed through their

primary treatment plan goals. The youth in the program for 180 days are consistently practicing coping skills and have developed an understanding of life skills. At this stage of the program, youth are preparing to transition out of the facility and into a lower level of care which could range anywhere from a non-DMST residential facility to placement in a trauma trained foster home, reunification with their parents/guardians, or transition into an Independent Living Program setting. The participants are finishing their treatment plan goals and are completing general program requirements of practicing life skills and mastery of their coping skills.

GRP Program Objectives

Therapy Objectives

- Immediate** By 7 days, 90% of participants will have developed a safety plan.
- Short-term** By 30 days, 90% of participants will have completed a BioPsychoSocial (BPSS) assessment.
- Intermediate** By 6 months, 70% of participants who scored in the moderate range or higher will report a 1 standard deviation (based on baseline SD) decrease in PTSD symptoms from their baseline score on the CPSS.
- Long-Term** By graduation, 70% of participants who scored in the CPSS moderate range or higher at baseline will report a decrease in symptom severity (e.g., severe to moderate).
- KPI** By 3 months, 75% of participants will have an average of 3 therapy sessions per week (individual, group, family).

Case Management Objectives

- Immediate** By 72 hours, 90% of participants will have either attended their comprehensive medical exam or received an exemption (i.e., RHC referral, obtained comprehensive medical exam records within the past year).
- Short-term** By 90 days, 75% of participants who received a referral will have attended a follow-up appointment with their provider.
- Intermediate** By 6 months, 90% of participants will have completed an individualized service plan.
By 6 months, 90% of participants will have attended a team review meeting.
By 6 months 90% of participants will have attended a dental follow-up appointment.
- Long-Term** At discharge, 90% of participants will have a discharge summary completed.
- KPI** By 3 months, 90% of participants will have attended 3 meetings with the Human Service Professional.

Building Life Skills Objectives

Immediate	By 15 days, 90% of participants who are at least 14 years old will have completed the Casey Life Skills Assessment.
Short-term	By 30 days, 80% of participants will have attended 8 life skills opportunities.
Long-Term	At discharge, 75% of participants will have completed at least one full life skills series (e.g., financial literacy course, Girls Inc. course, off-site internship).
KPI	By 6 months, 75% of participants will have attended 50 life skills opportunities.

Education Objectives

Immediate	Within 72 hours of admission, 90% of participants will be registered in Wellspring Middle or High School.
Short-term	By 30 days, 95% of participants in high school will have completed a transcript audit with education staff.
Intermediate	By the end of the first completed enrolled semester, 80% of participants will earn 1 or more course credits.
Long-Term	Within 30 days of discharge, 100% of participants will be withdrawn from school. Within 30 days of discharge, 100% of participants' custodians will receive all educational records.
KPI	At the end of the Spring academic semester, 100% of participants enrolled in school will complete a transcript audit review. At the end of the Fall academic semester, 100% of participants enrolled in school will complete a transcript audit review.

GRP Instruments

BioPsychoSocial (BPSS) Assessment

The BPSS was developed for internal use at Wellspring Living. It is composed of 15 open-response items assessing client presenting concerns, mental health, medical, and legal history, perceived resources, and clinician- and client-identified strengths.

Child PTSD Symptom Scale (CPSS-V-SR)

The CPSS-V-SR is a modified version of Child PTSD Symptom Scale self-report (CPSS-SR) for DSM-V. The Child PTSD Symptom Scale (CPSS) was designed to assess PTSD diagnostic criteria and symptom severity among children and adolescents aged between 8-18. The CPSS-V-SR consists of 20 items

measuring feelings associated with a scary or upsetting thing that happened to them. The 20 PTSD symptom items are rated on a 5-point scale of frequency and severity from 0 (not at all) to 4 (6 or more times a week /almost always). The symptom items are divided into 3 subscales: re-experiencing, avoidance and hyper-arousal behaviors. Additionally, there are 7 functioning items that are rated on yes/no. The functioning items are designed to measure the extent to which the problems associated with the scary or upsetting thing have been getting in the way of various parts of life within the last month. The 20 symptom items are used to calculate a total symptom severity score, which is operationalized by the following: 0 – 10 = Minimal; 11 - 20 = Mild; 21 - 40 = Moderate; 41 – 60 = Severe; 61 – 80 = Very Severe.

Casey Life Skills Assessment

The Casey Life Skills Assessment (CLS) is a 126-item questionnaire that measures independent living skills for youth ages 14-21 across 9 functional areas (i.e., Daily Living, Self Care, Relationships and Communication, Housing, Money Management, and Transportation, Work and Study, Career and Education Planning, Civic Engagement, Navigating the Child Welfare System, and Looking Forward). Individuals assess whether statements associated with daily living skills are like them on a scale of 1 (yes) to 5 (no), with 5 representing strength of the skills in an area. A total score is calculated by averaging the average scores in each functional area.

GRP 2024 Evaluation Results

A total of 27 girls participated in the GRP between January 1, 2024 and December 31, 2024.

Therapy Objectives

Immediate Objective: Safety Plan

Data were available for 27 girls who participated in the GRP in 2024. Nine participants had prior safety plans completed in 2023, and therefore, were excluded from the analysis. Of the 18 girls retained in the analyses, 100% ($n = 18$) of participants developed a safety plan within the first week of enrollment. The average number of days after admission for developing a safety plan was approximately 1 day ($M = .05$, $SD = 5.75$), with the number of days after admission ranging from -22 to 7. Negative numbers represent youth who had safety plans in place prior to transition to the program.

Short-Term Objective: BioPsychoSocial

Data were available for 27 girls who participated in the GRP program in 2024. Seven participants were excluded from the analysis due to completing a BioPsychoSocial (BPSS) assessment during a previous year's enrollment, and one was excluded for completing a BPSS assessment in 2025. Additionally, 2 participants were excluded for discharging from the GRP prior to 30 days, and one participant was excluded for having missing data. Of the 16 girls retained in the analysis, 88% ($n = 14$) of participants completed a BPSS assessment within 30 days of enrollment. On average, participants completed a BPSS assessment approximately 11 days after admission ($M = 10.8$, $SD = 14.22$, $Mdn = 12.5$), with the number of days after admission ranging from the same day to 55 days after enrollment.

Intermediate Objective: Decrease in Trauma Symptoms

Data were available for 3 girls who completed two administrations of the CPSS-V across 6 months of enrollment in GRP in 2024. Of the 3 girls, 1 participant (33%) reported a decrease in trauma symptoms of one standard deviation based on the baseline estimates. On average, participants scored 38 ($M = 37.67$, SD

= 14.36) on the CPSS-V, with scores ranging from 27 to 54, indicating mild to moderate severity in trauma symptoms. At 6 months, participants scored approximately 32 ($M = 32.33$, $SD = 8.32$) on average, with scores ranging from 23 to 39, indicating mild severity.

Long-Term Objective: Decrease in PTSD Symptom Severity

Data on PTSD symptom severity could not be evaluated among participants at GRP in 2024. One participant graduated from GRP in 2024 and completed only one administration of the CPSS-V.

Key Performance Indicator: Biweekly Therapy

Data were available for 27 girls who participated in the GRP in 2024. Ten participants were not eligible for the analysis due to 3 months after admission occurring in 2023 ($n = 6$) or 2025 ($n = 4$). Additionally, 5 participants were discharged from GRP prior to 3 months of enrollment. Of the 12 participants retained in the analysis, 11 participants (91.67%, $n = 11$) attended an average of two therapy sessions per week.

Case Management Objectives

Immediate Objective: Comprehensive Medical Exam

Data were available for 27 girls who participated in the GRP in 2024. Eleven participants were not eligible for the analysis due to exemption ($n = 11$) or 72 hours after admission occurring in 2023 ($n = 9$). Additionally, data were missing for one participant. Of the 6 participants retained in the analysis, 100% ($n = 6$) received a comprehensive medical exam within the first 72 hours of enrollment.

Short-Term Objective: Follow-up Appointment Attendance

Data were available for 27 girls who participated in the GRP in 2024. Eleven participants were not eligible for the analysis due to 90 days after admission occurring in 2023 ($n = 6$) or 2025 ($n = 5$). Additionally, one participant was discharged from GRP prior to 90 days. Of the 15 participants retained in the analysis, 7 participants (46.67%, $n = 7$) who received a referral attended a follow-up appointment with their provider.

Intermediate Objective: Individualized Service Plan

Data were available for 27 girls who participated in the GRP in 2024. Fifteen participants were not eligible for the analysis due to 6 months after admission occurring in 2023 ($n = 5$) or 2025 ($n = 10$). Additionally, one participant was discharged from GRP prior to 6 months. Of the 11 participants retained in the analysis, 100% of GRP participants enrolled for at least six months ($n = 11$) completed an Individualized Service Plan (ISP).

Intermediate Objective: Team Review Meeting

Data were available for 27 girls who participated in the GRP in 2024. Fifteen participants were not eligible for the analysis due to 6 months after admission occurring in 2023 ($n = 5$) or 2025 ($n = 10$). Additionally, one participant was discharged from GRP prior to 6 months. Of the 11 participants retained in the analysis, 100% of GRP participants enrolled for at least six months ($n = 11$) attended a Team Review Meeting (TRM).

Intermediate Objective: Dental Follow-up Appointment

Data were available for 27 girls who participated in the GRP in 2024. Fifteen participants were not eligible for the analysis due to 6 months after admission occurring in 2023 ($n = 5$) or 2025 ($n = 10$). Additionally, one participant was discharged from GRP prior to 6 months, and two participants had missing data. Of the 9 participants retained in the analysis, 89% of GRP participants enrolled for at least six months ($n = 8$) attended a dental follow-up appointment.

Long-Term Objective: Discharge Summary

Data were available for 18 girls who discharged from GRP in 2024. Of the 18 participants, 100% of participants ($n = 18$) had a discharge summary completed upon their discharge from GRP.

Key Performance Indicator: Meetings with the Human Service Professional

Data were available for 27 girls who participated in the GRP in 2024. Eleven participants were not eligible for the analysis due to three months after admission occurring in 2023 ($n = 6$) or 2025 ($n = 5$). Additionally, four participants were discharged from GRP prior to 3 months. Of the 12 GRP participants, 100% ($n = 12$) attended at least 3 meetings with the Human Service Professional (HSP).

Building Life Skills Objectives

Immediate Objective: Completed Casey Life Skills Assessment

Data were available for 27 girls who participated in the GRP in 2024. Nine participants were not eligible for the analysis due to 15 days after admission occurring in 2023. Additionally, two participants were discharged from GRP prior to 15 days, and three participants had missing data. Of the 13 participants, 7 (54%, $n = 7$) completed the Casey Life Skills Assessment within 15 days of enrollment in GRP.

Short-Term Objective: Life Skills Opportunity Attendance

Data were available for 27 girls who participated in the GRP in 2024. Eight participants were not eligible for the analysis due to 30 days after admission occurring in 2023 ($n = 7$) or 2025 ($n = 1$). Additionally, two participants were discharged from GRP prior to 6 months, resulting in 17 participants retained in the analysis. Of the 17 participants, 9 (52.94%, $n = 9$) attended at least 8 life skills opportunities by 30 days.

Long-Term Objective: Life Skills Series

In 2024, no Life Skills Series were completed. Thus, this objective could not be evaluated.

Key Performance Indicator: Life Skills Opportunities Attendance

Data were available for 27 girls who participated in the GRP in 2024. Fifteen participants were not eligible for the analysis due to 6 months after admission occurring in 2023 ($n = 5$) or 2025 ($n = 10$). Additionally, nine participants were discharged from GRP prior to 6 months, thus only three participants were eligible for the analysis. Of the 3 girls, 2 (66.67%, $n = 2$) attended 50 life skills opportunities by 6 months of enrollment in GRP.

Education Objectives

Immediate Objective: School Registration

Data were available for 27 girls who participated in the GRP in 2024. Nine participants were not eligible for the analysis due to admission occurring in 2023. Additionally, one participant had missing data, resulting in 17 participants included in the analysis. Of the 17 participants, 100% ($n = 17$) were registered in Wellspring Middle or High School within 72 hours of admission.

Short-Term Objective: High School Transcript Audit

Data were available for 27 girls who participated in the GRP in 2024. Eight participants were not eligible for the analysis due to 30 days after admission occurring in 2023 ($n = 7$) or 2025 ($n = 1$). Additionally, one participant had missing data, and two participants enrolled in GRP over the summer, resulting in 16

participants retained in the analysis. Of the 16 participants, 100% ($n = 16$) completed a transcript audit with education staff.

Intermediate Objective: Earned Course Credits

Data were available for 27 girls who participated in the GRP in 2024. Nine were not eligible for the analysis due to the end of the semester occurring in 2023 ($n = 7$) or 2025 ($n = 2$). Additionally, six participants had missing data, resulting in 11 participants retained in the analysis. Of the 11 participants, 100% ($n = 11$) earned 1 or more course credits by the end of the semester.

Long-Term Objective: School Withdrawal

Data were available for 18 girls who discharged from GRP in 2024. Of the 18 participants, 100% ($n = 18$) were withdrawn from school within 30 days of discharge.

Long-Term Objective: Educational Records

Data were available for 18 girls who discharged from GRP in 2024. Of the 18 participants, 100% ($n = 18$) of participants' custodians received all education records within 30 days of discharge.

Key Performance Indicator: Spring Transcript Audit

Data were available for 10 girls who were enrolled in school during 2024. Of the 10 girls, 5 participants discharged from GRP prior to the spring transcript audit. Of the 5 participants retained in the analysis, 100% ($n = 5$) completed a transcript audit review at the end of the spring academic semester.

Key Performance Indicator: Fall Transcript Audit

Data were available for 2 girls who were enrolled in school during 2024. Both participants (100%, $n = 2$) completed a transcript audit review at the end of the fall academic semester.

Conclusions

The Girls Residential Program demonstrated strong performance across activities, particularly in meeting immediate and procedural objectives. All eligible participants completed safety plans within the first week, received comprehensive medical exams when required, and were successfully registered for school within 72 hours. Similarly, 100% of eligible participants completed key educational tasks, such as transcript audits and earned course credits by the end of the semester. High compliance was also observed in mental health service delivery, with 92% of participants averaging biweekly therapy sessions and all eligible participants completing Individualized Service Plans, Team Review Meetings, and discharge summaries.

Outcomes related to trauma symptom reduction and life skills development were mixed or could not be evaluated due to limited eligible data or incomplete implementation. Only three participants completed both pre- and post-CPSS assessments over six months, with just one showing significant improvement. No life skills series were completed in 2024, and attendance in life skills opportunities was below target, with only 53% attending eight opportunities by 30 days and just 67% of the small eligible sample reaching the six-month benchmark. Similarly, only 54% of eligible participants completed the Casey Life Skills Assessment within the 15-day target window. Medical follow-up was another area of concern, with fewer than half of referred participants attending their follow-up appointments within 90 days. These patterns suggest strong early-stage engagement but challenges in sustaining youth participation and completing therapeutic or developmental objectives over time.

Recommendations

To build on its strengths and address identified gaps, the Girls Residential Program should consider the following targeted improvements. First, to enhance trauma-focused outcomes, the program should increase the consistency of CPSS administration at both intake and follow-up points, ensuring more robust evaluation of symptom change. Staff should receive clear timelines and support to complete both assessments, and data systems should flag upcoming reassessment windows. Alternatively, if the majority of participants are discharged prior to a second administration of the CPSS, the program should consider measuring a different outcome where change or symptom reduction could occur more quickly. Second, life skills programming should be reevaluated to ensure feasibility, consistency, and youth engagement. This includes prioritizing the completion of at least one full life skills series per participant. Additionally, clear timelines for Casey Life Skills Assessment completion should be established and monitored at regular intervals.

Finally, the quarterly review process should be used to monitor progress, identify emerging challenges, and guide timely interventions to strengthen service delivery across all domains of care. Program logic models should be treated as living documents that can and should be revised throughout the year as new data, shifting needs, implementation challenges, or program adaptations arise. KPI benchmarks should be used to support data-driven decision-making throughout the year, monitoring the timeliness and consistency of services and identifying areas for improvement. As such, KPIs should be reviewed regularly, not just annually, to inform mid-year adjustments and ensure the program remains aligned with its intended outcomes.

Table 2. Summary of GRP 2024 Evaluation Results

Activity	Benchmarks	Objective	Status	Comments
Therapy	Immediate	By 7 days, 90% of participants will have developed a safety plan.	Met	Of the 18 girls retained in the analyses, 100% ($n = 18$) of participants developed a safety plan within the first week of enrollment.
	Short-Term	By 30 days, 90% of participants will have completed a BioPsychoSocial (BPSS) assessment.	Not Met	Of the 16 girls retained in the analysis, 88% ($n = 14$) of participants completed a BPSS assessment within 30 days of enrollment. On average, participants complete a BPSS assessment approximately 11 days after admission ($M = 10.8$, $SD = 14.22$, $Mdn = 12.5$), with the number of days after admission ranging from the same day to 55 days after enrollment.
	Intermediate	By 6 months, 70% of participants who scored in the moderate range or higher will report a 1 standard deviation (based on baseline	Not Met	Of the 3 girls, 1 participant (33%) reported a decrease in trauma symptoms of one standard deviation based on the baseline estimates. On average, participants scored 38 ($M = 37.67$, $SD = 14.36$) on the CPSS-V, with scores ranging from 27 to 54

Activity	Benchmarks	Objective	Status	Comments
		SD) decrease in PTSD symptoms from their baseline score on the CPSS.		and indicating mild to moderate severity in trauma symptoms. At 6 months, participants scored approximately 32 ($M = 32.33$, $SD = 8.32$) on average, with scores ranging from 23 to 39 indicating mild severity.
	Long-Term	By graduation, 70% of participants who scored in the CPSS moderate range or higher at baseline will report a decrease in symptom severity (e.g., severe to moderate).	Unable to Measure	One participant graduated from GRP in 2024, and this participant only completed one administration of the CPSS-V.
	Key Performance Indicator	By 3 months, 75% of participants will have an average of 3 therapy sessions per week (individual, group, family).	Met	Of the 12 participants retained in the analysis, 11 participants (91.67%) attended an average of two therapy sessions per week.
Case Management	Immediate	By 72 hours, 90% of participants will have either attended their comprehensive medical exam or received an exemption (i.e., RHC referral, obtained comprehensive medical exam records within the past year).	Met	Of the 6 participants retained in the analysis, 100% ($n = 6$) received a comprehensive medical exam within the first 72 hours of enrollment.
	Short-Term	By 90 days, 75% of participants who received a referral will have attended a follow-up appointment with their provider.	Not Met	Of the 15 participants retained in the analysis, 7 participants (46.67%) who received a referral attended a follow-up appointment with their provider.
	Intermediate	By 6 months, 90% of participants will have completed an individualized service plan.	Met	Of the 11 participants retained in the analysis, 100% of GRP participants enrolled for at least six months ($n = 11$) completed an Individualized Service Plan (ISP).
	Intermediate	By 6 months, 90% of participants will have attended a	Met	Of the 11 participants retained in the analysis, 100% of GRP participants enrolled for at least six

Activity	Benchmarks	Objective	Status	Comments
		team review meeting.		months ($n = 11$) attended a team review meeting (TRM).
	Intermediate	By 6 months 90% of participants will have attended a dental follow-up appointment.	Not Met	Of the 9 participants retained in the analysis, 89% of GRP participants enrolled for at least six months ($n = 8$) attended a dental follow-up appointment.
	Long-Term	At discharge, 90% of participants will have a discharge summary completed.	Met	Of the 18 participants, 100% of participants ($n = 18$) had a discharge summary completed upon their discharge from GRP.
	Key Performance Indicator	By 3 months, 90% of participants will have attended 3 meetings with the Human Service Professional.	Met	Of the 12 GRP participants, 100% ($n = 12$) attended at least 3 meetings with the Human Service Professional (HSP).
Building Life Skills	Immediate	By 15 days, 90% of participants who are at least 14 years old will have completed the Casey Life Skills Assessment.	Not Met	Of the 13 participants, 7 (54%) completed the Casey Life Skills Assessment within 15 days of enrollment in GRP.
	Short-Term	By 30 days, 80% of participants will have attended 8 life skills opportunities.	Not Met	Of the 17 participants, 9 (52.94%) attended at least 8 life skills opportunities by 30 days.
	Long-Term	At discharge, 75% of participants will have completed at least one full life skills series (e.g., financial literacy course, Girls Inc. course, off-site internship).	Unable to Measure	In 2024, there were no completed Life Skills Series recorded.
	Key Performance Indicator	By 6 months, 75% of participants will have attended 50 life skills opportunities.	Not Met	Of the 3 girls, 2 (66.67%) attended 50 life skills opportunities by 6 months of enrollment in GRP.
Education	Immediate	Within 72 hours of admission, 90% of participants will be registered in Wellspring Middle or High School.	Met	Of the 17 participants, 100% were registered in Wellspring Middle or High School within 72 hours of admission.
	Short-Term	By 30 days, 95% of participants in high school will have	Met	Of the 16 participants, 100% ($n = 16$) completed a transcript audit with education staff.

Activity	Benchmarks	Objective	Status	Comments
		completed a transcript audit with education staff.		
	Intermediate	By the end of the first completed enrolled semester, 80% of participants will earn 1 or more course credits.	Met	Of the 11 participants, 100% earned 1 or more course credits by the end of the semester.
	Long-Term	Within 30 days of discharge, 100% of participants will be withdrawn from school.	Met	Of the 18 participants, 100% of participants ($n = 18$) were withdrawn from school within 30 days of discharge.
		Within 30 days of discharge, 100% of participants' custodians will receive all educational records.	Met	Of the 18 participants, 100% of participants' ($n = 18$) custodians received all education records within 30 days of discharge.
	Key Performance Indicators	At the end of the Spring academic semester, 100% of participants enrolled in school will complete a transcript audit review.	Met	Of the 5 participants retained in the analysis, 100% of participants ($n = 5$) enrolled in school completed a transcript audit review at the end of the spring academic semester.
		At the end of the Spring academic semester, 100% of participants enrolled in school will complete a transcript audit review.	Met	Both participants ($n = 2$; 100%) enrolled in school completed a transcript audit review at the end of the fall academic semester.

Women's Residential Program Program Objectives & Evaluation Results

The Women's Residential Program (WRP) is a long-term residential program with a Stabilization Phase and an Independent Living Phase. The program serves women ages 18+ who have experienced commercial sexual exploitation and those at-risk. During the initial 3 to 6 months in the Stabilization Phase, women are provided with a safe living environment while being assessed for trauma, obtaining medical care, and participating in programming to start them on their path to healing and recovery. Understanding that participating in a structured, residential program is a major adjustment and that dealing with trauma is incredibly difficult, the immediate focus is on creating a welcoming and nurturing environment where the women will want to stay to heal from their trauma.

In the Independent Living Phase, continues to focus on maintaining a safe environment while also helping the women progress toward their goals. At this point of the program, all participants have had the opportunity to learn skills and have had some time to practice those skills. All participants have also had the opportunity to have a period of abstinence in order to make clear decisions about the future. At this point in the program, participants may apply to and attend the Women’s Academy. Therefore, educational and career goals begin to come into the picture. The Independent Living Phase typically has a duration of 1 year, during which time, the focus shifts to continually maintaining abstinence from substances, obtaining a GED (when applicable), completing the apprenticeship through the Women’s Academy, and obtaining long-term employment. The women in the program for one year are consistently practicing coping skills and have a good understanding of life skills and independent living skills. At this stage of the program, women are preparing to transition out of the home and into safe and stable housing. The participants are finishing their treatment plan goals and are completing general program requirements around independent living skill learning, building, and practicing. In order to graduate from the program, the women must have full time, permanent living wage employment and are encouraged to have two to three months of living expenses in their savings account.

Program Objectives

Psychoeducation Objectives

- Immediate** By 30 days, 90% of participants will attend 15 psychoeducational groups.
- Short-term** By 60 days, 80% of participants will have earned 55 balanced living days.
- Intermediate** By 90 days, 80% of participants will have earned 80 balanced living days.
- Long-Term** By 120 days, 75% of participants will have transitioned to Independent Living.
- KPI** By 75 days, 85% of participants will have attended 65 psychoeducational groups.

Case Management (Stabilization) Objectives

- Immediate** By 30 days of enrollment, 100% of participants will attend a primary care visit.
- Short-term** By 60 days of enrollment, 100% of participants will have initiated a process for obtaining missing vital records.
- Intermediate** By 90 days of enrollment, 90% of participants will have attended a dental appointment.
- KPI** By 90 days, 90% of participants will have attended 12 case management sessions.

Case Management (ILP) Objectives

- Immediate** By 3 months, 95% of participants will enroll in the Women’s Academy or equivalent (i.e., GED courses or career development program with a partner agency).
- Short-term** By 6 months, 90% of participants will have obtained their vital records.
- Intermediate** By 12 months, 80% of participants will have a bank account.
- Long-Term** By 15 months, 85% of participants will have obtained employment.
- KPI** By 9 months, 80% of participants will have attended 30 case management sessions.

Clinical Services Objectives

- Immediate** By 30 days of enrollment, 90% of participants will complete a baseline Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI).
By 30 days of enrollment, 95% of participants will complete a Safety Plan.
- Long-Term** By graduation, 80% of participants scoring in the clinical range for depression (i.e., moderate, severe, extreme) on the BDI will reduce scores by one or more severity level.
By graduation, 80% of participants scoring in the clinical range for anxiety (score of 36+) on the BAI will reduce score to 35 or below.
- KPIs** By 6 months of enrollment, 85% of participants will attend 16+ individual counseling sessions.

WRP Instruments

Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory (BAI) is a 21-item, self-report measure that assesses common anxiety symptoms. Using a Likert scale ranging from 0 (Not at all) to 3 (Severely – it bothered me a lot), respondents indicate the extent to which they have been bothered by a symptom in the past month. Anxiety scores are calculated by summing the 21 items and are operationalized as follows: low anxiety (0 - 21), moderate anxiety (22 - 35), and potentially concerning levels of anxiety (36 and above 63).

Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI) is a 21-item, self-reported measure that evaluates key symptoms of depression including mood, pessimism, sense of failure, self-dissatisfaction, guilt, punishment, self-dislike, self-accusation, suicidal ideas, crying, irritability, social withdrawal, indecisiveness, body image change, work difficulty, insomnia, fatigability, loss of appetite, weight loss, somatic preoccupation, and loss of libido. Individual symptom items are scored on a 4-point continuum (0 = least, 3 = most), with a total summed score range of 0 – 63. Higher scores indicate greater depressive severity and are operationalized

as follows: normal ups and downs (1 – 10), mild mood disturbances (11 – 16), borderline clinical depression (17 – 20), moderate depression (21 – 30), severe depression (31 – 40), and extreme depression (40 – 63)

WRP 2024 Evaluation Results

A total of 33 women participated in the WRP between January 1, 2024 and December 31, 2024.

Psychoeducation Objectives

Immediate Objective: Psychoeducational Group Therapy Attendance

Data were available for 33 women who participated in the WRP in 2024. Eleven participants' 30th day of enrollment in WRP fell in 2023 ($n = 8$) or in 2025 ($n = 3$) and were excluded from the analysis. Additionally, six participants were discharged from the program prior to 30 days, resulting in 16 participants included in the analysis. Of the 16 participants, 14 (88%, $n = 14$) attended 15 psychoeducational group therapy sessions within 30 days of enrollment in WRP. On average, participants attended 17 psychoeducational group therapy sessions ($M = 17.38$, $SD = 4.18$), with the number of sessions ranging from 5 to 22 in the first 30 days.

Short-Term Objective: Balanced Living Days

Data were available for 33 women who participated in the WRP in 2024. Of the 33 women, some were discharged prior to 60 days in the program ($n = 9$) or had missing data ($n = 3$). Additionally, 11 participants were excluded from the analysis for completing 60 days in 2023 ($n = 8$) or in 2025 ($n = 3$). Therefore, 10 women were retained in the analysis. Of the 10 participants, 9 (90%, $n = 9$) earned at least 55 Balanced Living Days within 60 days of admission into WRP, with an average of 58 Balanced Living Days earned ($M = 58.4$, $SD = 3.69$), and the number of Balanced Living Days ranging from 50 to 64.

Intermediate Objective: Balanced Living Days

Data were available for 33 women who participated in the WRP in 2024. Of the 33 women, some were discharged prior to 90 days in the program ($n = 10$) or had missing data ($n = 3$). Additionally, 12 participants were excluded from the analysis for completing 90 days in 2023 ($n = 8$) or 2025 ($n = 4$). Therefore, 8 women were retained in the analysis. Of the 8, 100% ($n = 8$) earned at least 80 Balanced Living Days within 90 days of admission into WRP, with an average of 88 Balanced Living Days earned ($M = 88.38$, $SD = 1.77$).

Long-Term Objective: Transition to Independent Living

Data were available for 33 women who participated in the WRP in 2024. Out of 33, 10 participants transitioned to independent living in 2024. Of the 10 participants, 2 transitioned to independent living within 120 days. On average, participants transitioned to independent living in 155 days ($SD = 47.11$, $Mdn = 139$), with transitions ranging from 110 to 250 days. Due to outliers, the median is likely the most accurate estimate of the number of days to transition to independent living, which was 139 days.

Key Performance Indicator: Psychoeducational Group Attendance

Data were available for 33 women enrolled in WRP in 2024. Of the 33 women, some were discharged prior to 75 days in the program ($n = 9$). Additionally, 11 participants were excluded from the analysis for completing 75 days in 2023 ($n = 8$) or 2025 ($n = 3$). Therefore, 13 women were retained in the analysis. Of the 13, no participants (0%, $n = 13$) attended at least 65 psychoeducational group therapy sessions within

75 days of admission into WRP, with an average of 43 psychoeducational groups attended ($M = 42.62$, $SD = 8.70$).

Case Management (Stabilization) Objectives

Immediate Objective: Primary Care Visit

Data were available for 33 participants enrolled in WRP in 2024. Eleven participants were excluded from the analysis for their 30th day in WRP occurring in 2023 ($n = 8$) or 2025 ($n = 3$). Additionally, 7 participants were discharged prior to 30 days in WRP, resulting in 15 participants retained in the analysis. Of the 15 participants, 14 (93%, $n = 14$) attended a medical appointment with a primary care physician within 30 days of admission to the program. On average, participants attended a medical appointment with a primary care physician within 13 days of admission in WRP ($M = 13.47$, $SD = 7.98$).

Short-Term Objective: Missing Vital Records

Data were available for 33 participants enrolled in WRP in 2024. Eleven participants were excluded from the analysis for their 60th day in WRP occurring in 2023 ($n = 8$) or 2025 ($n = 3$). Additionally, 9 participants were discharged prior to 60 days in WRP, resulting in 13 participants retained in the analysis. Of the 13 participants, 100% ($n = 13$) initiated a process for obtaining missing vital records by 60 days of enrollment in WRP.

Intermediate Objective: Dental Appointment

Data were available for 33 participants enrolled in WRP in 2024. Twelve participants were excluded from the analysis for their 90th day in WRP occurring in 2023 ($n = 8$) or 2025 ($n = 4$). Additionally, 10 participants were discharged prior to 90 days in WRP, and 4 participants had missing data, resulting in 7 participants retained in the analysis. Of the 7, 5 participants (71%, $n = 5$) attended a dental appointment within 90 days.

Case Management (ILP) Objectives

Key Performance Indicator: Case Management Sessions

Data were available for 33 participants enrolled in WRP in 2024. Twelve participants were excluded from the analysis for their 90th day in WRP occurring in 2023 ($n = 8$) or 2025 ($n = 4$). Additionally, 10 participants were discharged prior to 90 days in WRP, resulting in 11 participants retained in the analysis. Of the 11 participants, 10 (91%, $n = 10$) attended at least 12 case management sessions within 90 days of admission into WRP.

Immediate Objective: Women's Academy or Equivalent Enrollment

Data were available for 9 participants enrolled in WRP in 2024. Of the 9 participants, 3 were excluded from the analysis for 3 months after enrollment occurring in 2023, and 2 had missing data. Of the 4 participants, none enrolled in the Women's Academy or an equivalent program within 3 months of admission due to the independent living transition occurring after 120 days.

Short-Term Objective: Vital Records

Data were available for 9 participants enrolled in WRP in 2024. Of the 9 participants, 100% ($n = 9$) obtained their vital records within 6 months of admission in WRP.

Intermediate Objective: Bank Account

Data were available for 1 participant who transitioned to ILP in 2024. By 12 months, the participant (100%, $n = 1$) had a bank account.

Long-Term Objective: Employment

No data were available to estimate the number of WRP participants who gained employment in 2024. Thus, this objective could not be evaluated.

Key Performance Indicator: Case Management Sessions

Data were available for 9 women who participated in the WRP in 2024. Three were discharged prior to 90 days, and two participants were excluded from the analysis for 90 days after admission occurring in 2025. Of the 4 participants, 2 (50%, $n = 2$) attended 30 case management sessions within their first 9 months of enrollment in WRP. On average, participants attended approximately 30 case management sessions by 9 months of enrollment ($M = 30.25$, $SD = 6.08$), with the number of sessions ranging from 23 to 37.

Clinical Services Objectives

Immediate Objective: Baseline BDI and BAI Scores

Data were available for 33 women enrolled in WRP in 2024. Six participants were discharged prior to 30 days of enrollment, and 11 were excluded for 30 days occurring in 2023 ($n = 8$) or 2025 ($n = 3$), resulting in 16 participants included in the analysis. Of the 16 participants, 63% ($n = 10$) completed baseline measures of the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) by 30 days of enrollment.

Immediate Objective: Safety Plan

Data were available for 33 women who participated in the WRP in 2024. Six participants were discharged from WRP prior to 30 days, and two had missing data. Additionally, 11 participants were excluded from the analysis for 30 days occurring in 2023 ($n = 8$) or 2025 ($n = 3$), resulting in 14 participants included in the analysis. Of the 14 participants, 13 (93%, $n = 13$) completed a safety plan within their first 30 days of enrollment in WRP. On average, participants completed a safety plan within 22 days of enrollment ($M = 22.21$, $SD = 16.78$, $Mdn = 18.5$), with the number of days ranging from 9 to 77.

Long-Term Objective: BDI Scores

No data were available to assess decreases in BDI scores for participants enrolled in WRP in 2024 due to no participants scoring in the clinical range for depression.

Long-Term Objective: BAI Scores

No data were available to assess decreases in BAI scores for participants enrolled in WRP in 2024 due to no participants scoring in the clinical range for anxiety.

Key Performance Indicator: Individual Counseling Sessions

Data were available for 33 women who participated in the WRP in 2024. Participants were excluded from the analysis due to being discharged prior to 6 months of enrollment ($n = 5$), for 6 months of enrollment occurring in 2023 ($n = 5$), or in 2025 ($n = 13$). Therefore, data were analyzed for 10 participants. Of the 10 participants, 9 (90%, $n = 9$) attended 16 or more individual counseling sessions by 6 months of enrollment. On average, participants attended 19 individual counseling sessions by 6 months ($M = 19.22$, $SD = 3.23$), with the number of sessions ranging from 15 to 24.

Conclusions

The Women's Residential Program demonstrated strong performance in several activities. Most immediate and short-term objectives were met or nearly met, including safety planning (93%), medical care within 30 days (93%), and initiation of vital records acquisition (100%). Participants also showed high engagement in core services, such as psychoeducational group sessions within the first 30 days (88%) and individual counseling sessions by 6 months (90%). The program's Balanced Living Days objective was another area of strength, with 90% and 100% of participants meeting the 60-day and 90-day benchmarks respectively, indicating consistent participation in structured program activities.

However, there were notable areas of concern and data limitations. No participants met the target of 65 psychoeducational group sessions by 75 days, with an average of only 43 sessions attended, suggesting challenges with sustained engagement beyond initial enrollment. Data were limited for several long-term goals, such as enrollment in the Women's Academy, employment outcomes, and mental health progress (BDI/BAI), often due to missing data or participants not reaching those program stages within the reporting period. Only 63% of participants completed baseline BDI and BAI assessments within 30 days, and no follow-up data were available to evaluate changes in depression or anxiety severity. Additionally, long-term transition goals were delayed, with a median transition to independent living at 139 days, exceeding the 120-day target. Overall, while WRP successfully supports early stabilization and case management, longer-term indicators of mental health progress, independent living readiness, and career development lacked sufficient data or did not meet program objectives.

Recommendations

The Women's Residential Program should focus on improving consistency in long-term engagement, mental health tracking, and career readiness. While most women met early goal, such as attending 15 psychoeducational group sessions within 30 days (88%) and completing safety plans (93%), none of the participants reached the target of 65 group sessions by 75 days. The average was only 43 sessions, suggesting a drop in participation after the first month. WRP should explore ways to boost sustained engagement and/or identify barriers to meeting the identified thresholds. The program should also consider if the existing thresholds are realistic or aspirational.

Another key area for improvement is mental health tracking. Only 63% of participants completed their baseline depression and anxiety assessments (BDI and BAI) within the first 30 days, and no follow-up data were available to assess progress. To better evaluate outcomes and tailor services, staff should be supported with reminders and clear protocols for administering these tools both at intake and periodically throughout the program. These are significant, impactful outcomes that are unable to be measured due to data collection issues.

Finally, the quarterly review process should be used to monitor progress, identify emerging challenges, and guide timely interventions to strengthen service delivery across all domains of care. Program logic models should be treated as living documents that can and should be revised throughout the year as new data, shifting needs, implementation challenges, or program adaptations arise. KPI benchmarks should be used to support data-driven decision-making throughout the year, monitoring the timeliness and consistency of services and identifying areas for improvement. As such, KPIs should be reviewed regularly, not just annually, to inform mid-year adjustments and ensure the program remains aligned with its intended outcomes.

Table 3. Summary of WRP 2024 Evaluation Results

Activity	Benchmarks	Objective	Status	Comments
Psychoeducation	Immediate	By 30 days, 90% of participants will attend 15 psychoeducational groups.	Not Met	Of the 16 participants, 14 (87.5%) attended 15 psychoeducational group therapy sessions within 30 days of enrollment in WRP. On average, participants attended 17 psychoeducational group therapy sessions ($M = 17.38, SD = 4.18$), with the number of sessions ranging from 5 to 22 sessions in the first 30 days.
	Short-Term	By 60 days, 80% of participants will have earned 55 balanced living days.	Met	Of the 10 participants, 9 participants (90%) earned at least 55 Balanced Living Days within 60 of admission into WRP, with an average of 58 Balanced Living Days earned ($M = 58.4, SD = 3.69$), with the number of Balanced Living Days ranging from 50 to 64.
	Intermediate	By 90 days, 80% of participants will have earned 80 balanced living days	Met	Of the 8, 100% ($n = 8$) earned at least 80 Balanced Living Days within 90 of admission into WRP, with an average of 88 Balanced Living Days earned ($M = 88.38, SD = 1.77$).
	Long-Term	By 120 days, 75% of participants will have transitioned to Independent Living.	Not Met	10 participants transitioned to independent living in 2024. Of the 10 participants, 2 participants transitioned to independent living within 120 days. On average, participants transitioned to independent living in 155 days ($SD = 47.11, Mdn = 139$), with transition ranging from 110 to 250 days.
	Key Performance Indicator	By 75 days, 85% of participants will have attended 65 psychoeducational groups.	Not Met	Of the 13, no participants ($n = 13, 0%$) attended at least 65 psychoeducational group therapy sessions within 75 days of admission into WRP, with an average of 43 psychoeducational groups attended ($M = 42.62, SD = 8.70$).
Case Management (Stabilization)	Immediate	By 30 days of enrollment, 100% of participants will attend a primary care visit.	Not Met	Of the 15 participants, 14 (93.3%) attended a medical appointment with a primary care physician within 30 days of admission in the program. On

Activity	Benchmarks	Objective	Status	Comments
				average, participants attended a medical appointment with a primary care physician within 13 days of admission in WRP ($M = 13.47$, $SD = 7.98$).
	Short-Term	By 60 days of enrollment, 100% of participants will have initiated a process for obtaining missing vital records.	Met	Of the 13 participants, 100% of participants ($n = 13$) initiated a process for obtaining missing vital records by 60 days of enrollment in WRP.
	Intermediate	By 90 days of enrollment, 90% of participants will have attended a dental appointment.	Not Met	Of the 7 participants, 5 participants (71%) attended a dental appointment within 90 days.
	Key Performance Indicator	By 90 days, 90% of participants will have attended 12 case management sessions.	Met	Of the 11 participants, 10 participants (91%) attended at least 12 case management sessions within 90 days of admission into WRP.
Case Management (ILP)	Immediate	By 3 months, 95% of participants will enroll in the Women's Academy or equivalent (i.e., GED courses or career development program with a partner agency).	Not Met	Of the 4 participants, none of the participants enrolled in the Women's Academy or equivalent program within 3 months of admission due to the independent living transition occurring after 120 days.
	Short-Term	By 6 months, 90% of participants will have obtained their vital records.	Met	Of the 9 participants, 100% ($n = 9$) obtained their vital records within 6 months of admission in WRP.
	Intermediate	By 12 months, 80% of participants will have a bank account.	Met	By 12 months, one participant included in the analysis (100%) had a bank account.
	Long-Term	By 15 months, 85% of participants will have obtained employment.	Unable to Measure	No data were available to estimate the number of WRP participants who gained employment in 2024.
	Key Performance Indicator	By 9 months, 80% of participants will have attended 30 case management sessions.	Not Met	Of the 4 participants, 2 participants (50%) attended 30 case management sessions within their first 9 months of enrollment in WRP. On average, participants attended approximately 30 case management sessions by 9 months of enrollment ($M = 30.25$, $SD = 6.08$), with the

Activity	Benchmarks	Objective	Status	Comments
Clinical Services				number of sessions ranging from 23 to 37 by 9 months.
	Immediate	By 30 days of enrollment, 90% of participants will complete a baseline Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI).	Not Met	Of the 16 participants, 63% ($n = 10$) completed baseline measures of the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) by 30 days of enrollment.
		By 30 days of enrollment, 95% of participants will complete a Safety Plan.	Not Met	Of the 14 participants, 13 participants (93%) completed a safety plan with their first 30 days of enrollment in WRP. On average, participants completed a safety plan within 22 of enrollment ($M = 22.21$, $SD = 16.78$, $Mdn = 18.5$), with the number of days ranging from 9 to 77 days.
	Long-Term	By graduation, 80% of participants scoring in the clinical range for depression (i.e., moderate, severe, extreme) on the BDI will reduce scores by one or more severity level.	Unable to Measure	No data were available to assess decreases in BDI scores for participants enrolled in WRP in 2024 due to no participants scoring in the clinical range for depression.
		By graduation, 80% of participants scoring in the clinical range for anxiety (score of 36+) on the BAI will reduce score to 35 or below.	Unable to Measure	No data were available to assess decreases in BAI scores for participants enrolled in WRP in 2024 due to no participants scoring in the clinical range for anxiety.
	Key Performance Indicator	By 6 months of enrollment, 85% of participants will attend 16+ individual counseling sessions.	Met	Of the 10 participants, 9 participants (90%) attended 16 or more individual counseling sessions by 6 months of enrollment. On average, participants attended 19 individual counseling sessions by 6 months of enrollment ($M = 19.22$, $SD = 3.23$), with the number of sessions ranging from 15 to 24.

Women's Academy Program Objectives & Evaluation Results

Wellspring Living's Women's Academy offers life-changing programming to women who have experienced difficulty gaining living-wage employment due to life circumstances such as poverty, oppression, trauma, and trafficking. The Women's Academy offers four pathways – Adult Education (GED), Career Preparation, Career Intensive/Apprenticeship, and Wellness – designed to equip and empower women in Atlanta's communities for success!

The Adult Education Pathway (AEP) supports women who are pursuing their GED. It includes subject matter instruction, tutoring, test preparation, and self-paced materials. AEP is an in-person, open-enrollment pathway that can be accessed full-time or part-time.

The Career Preparation Pathway (CPP) offers comprehensive workforce development workshops, resources, career-focused support services, and digital literacy training through Northstar Digital Literacy. CPP allows participants to pursue a personalized, self-paced learning journey designed to enhance their skills and build their resumes in order to transition successfully to the workforce. CPP is open-enrollment, with no high school diploma or equivalency required for participation. CPP was added in 2023 and continued to be developed in 2024, to include both in-person and virtual offerings, with flexible scheduling options to accommodate diverse needs. Due to ongoing program developments and the impact of the program's location change in 2024, including a partnership with Dress for Success Atlanta, CPP was not included in the logic model for the 2024 evaluation cycle.

The Career Intensive Pathway (CIP) is a structured workforce development program that prepares participants with the skills and knowledge needed to apply for gainful employment. Participants who successfully complete CIP are eligible for paid apprenticeship opportunities with Wellspring Living's corporate partners. CIP is offered quarterly, in-person, and full-time. A high school diploma or equivalency is required for enrollment.

The Wellness Pathway provides holistic coursework and services that contribute to personal wellbeing, including group counseling, financial literacy, nutrition, physical activity, and life skills workshops. Wellness offerings are available to all enrolled participants in the AEP, CPP, and CIP.

All accepted participants are assigned to meet regularly with a Clinical Case Manager to identify and work toward personal and professional goals. During case management appointments, participants may receive mental health support, build skills (e.g., academic, social, financial, coping, executive functioning), increase support, problem-solve, obtain referrals/ resources, etc. Clinical Case Managers provide crisis intervention, as needed.

WA Program Objectives

Adult Education Objectives

Immediate	By 30 days of enrollment, 75% of participants will have completed 16 hours of instruction.
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Short-term	By 60 days of enrollment, 90% of participants will have completed at least 1 follow-up GED practice test.
Intermediate	By 90 days of enrollment, 80% of participants will have a 10-point increase in at least 1 area of the GED practice test from their baseline score.
Long-Term	At discharge, 25% of participants will obtain their GED.
KPI	By 180 days of enrollment, 50% of participants will pass 1 area of the GED test.

Career Intensive Pathway Objectives

Long-Term	At discharge, 75% of participants who started apprenticeship will complete apprenticeship.
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Career Readiness and Apprenticeship Objectives

Immediate	By 2 weeks of enrollment, 80% of participants will earn 9+/50 assignment points.
Short-term	By 4 weeks of enrollment, 80% of participants will complete 25+ of 50 assignment points. By 4 weeks of enrollment, 80% of participants will complete all 6 Northstar Digital Literacy platform Essential Computer Skills modules.
Intermediate	By 6 weeks of enrollment, 80% of participants will complete all 4 NorthStar Digital Literacy platform Essential Software Skills modules.
Long-Term	By 9 weeks of enrollment, 75% of participants will earn a minimum rating of “Meets Standards” on the internal Mock Interview. By 9 weeks of enrollment, 80% of participants will have a completed portfolio. By 9 weeks of enrollment, 80% of participants will earn 45+/50 assignment points. By 9 weeks of enrollment, 80% of participants will complete 14 module certifications in the Northstar Digital Literacy platform By 9 weeks of enrollment, 75% of participants will have an apprenticeship placement identified or full-time employment obtained.
KPI	By 4 weeks of enrollment, 90% of participants will have completed 3+ GT Law visits. By 4 weeks of enrollment, 90% of participants will have completed 56+ out of 120 seat hours.

Wellness Objectives

- Immediate** By 30 days of enrollment, 100% of participants will complete a baseline Psychological Wellbeing (18 items) assessment.
- Short-Term** By 60 days of enrollment, 75% of participants will complete 2 National Financial Educators Council (NFEC) modules.
- Intermediate** By 90 days of enrollment, 90% of participants will attend 1+ Enrichment/ Special Event(s).
By 90 days of enrollment, 90% of participants will attend 3 or more Lunch & Learns.
- Long-Term** By discharge, 75% of participants will have a 1 standard deviation score increase (based on baseline SD) on the Psychological Wellbeing (18 items) assessment.
- KPIs** During enrollment, 75% of participants will have attended 4 group therapy sessions.

Individual Case Management Objectives

- Immediate** By 15 days of enrollment, 95% of participants will have completed an Individualized Service Plan (ISP).
- Short-term** By 45 days of enrollment, 95% of participants who need a resource/ referral will be provided with the resource/ referral.
- Intermediate** By 90 days of enrollment, 90% of participants will complete 1 or more ISP goals.
- Long-Term** By planned discharge (i.e., completed services/ program), 75% of participants will score a 3 or higher on key focus areas of the LW-SSM: Safety, Mental Health, Life Skills, and Network Support.
- KPI** By 30 days of enrollment, 90% of participants will attend 2 or more case management sessions.

Outreach Objectives

- Immediate** Within 3 days after applying, 90% of participants will receive a contact (i.e., phone screening, email, text, and/or call).
- Short-term** For those interested in proceeding, 50% of participants will receive a virtual information session within 8 days after the first contact.
- Intermediate** Of participants who attend the virtual information session, 75% will have a clinical intake scheduled within 10 days from the virtual information session.
- KPIs** By the end of Q1, the Outreach Coordinator will visit 35 community sites.

By the end of Q2, the Outreach Coordinator will table at 6 community sites.

By the end of Q3, the Outreach Coordinator will have completed 4 workshops in the community.

By the end of Q4, the Outreach Coordinator will have visited 8 partners in the community.

WA Instruments

Psychological Wellbeing Scale

The Psychological Well-Being Scale (PWB; Ryff et al., 1995; Ryff et al., 2010) is an 18-item self-report instrument designed to assess an individual's psychological well-being across six dimensions of well-being. Self-acceptance refers to the extent to which individuals possess a positive attitude toward themselves, acknowledging both their strengths and weaknesses. Personal growth measures the degree of ongoing development and the realization of one's potential. Purpose in life refers to a sense of direction and meaningfulness in life, reflecting an individual's commitment to life goals and the belief that life has a purpose. Environmental mastery is the ability to effectively manage one's environment, demonstrating a sense of control and the capacity to make choices that align with personal goals. Autonomy is the ability to make independent decisions, maintain a sense of self-determination, and resist social pressures. Positive relations with others refers to the quality of an individual's relationships with others, including the capacity for empathy, intimacy, and mutual understanding. Individuals respond to items using a Likert-type response form ranging from strongly disagree (1) to strongly agree (6). A total score or subscale scores can be used, and higher score indicate higher levels of well-being.

LifeWorks Self-Sufficiency Measure

The LifeWorks Self-Sufficiency Measure (LW-SS; Youth and Family Alliance dba LifeWorks, 2017) assesses self-sufficiency across 24 domains, covering essential aspects of independent living, including housing stability, employment, education and training, financial management, food security, health and medical care, mental health, substance use, legal issues, transportation, childcare, parenting skills, social support network, community involvement, personal identification and documentation, safety and security, crisis management skills, life skills, access to public benefits, credit and debt, immigration and citizenship, technology access and literacy, employment rights and workplace protections, and personal goals and motivation. Each domain is scored on a five-point scale (1-5), where higher scores indicate greater self-sufficiency and stability, while lower scores highlight areas requiring additional support. Wellspring Living focuses on four key domains to assess and support individuals in their journey toward self-sufficiency: mental health, safety, life skills, and network support. The mental health domain evaluates emotional well-being, coping mechanisms, and access to professional support for managing stress and trauma. The safety domain examines the individual's living environment, exposure to violence, and ability to maintain personal security. The life skills domain assesses practical abilities such as time management, financial literacy, and problem-solving, which are critical for independence. Lastly, the network support domain measures the strength of relationships with family, friends, mentors, and community resources that provide emotional and practical assistance.

WA 2024 Evaluation Results

A total of 44 women participated in the Women's Academy between January 1, 2024 and December 31, 2024.

Adult Education Objectives

Immediate Objective: Hours of Instruction

Data were available for 44 women who participated in the WA in 2024. Twenty participants were excluded from the analysis due to being discharged ($n = 7$) or 30 days of enrollment occurring in years prior to 2024 ($n = 13$). Of the 24 women, 18 participants (75%, $n = 18$) completed at least 16 hours of instruction by 30 days of enrollment, with an average of approximately 30 hours ($M = 29.10$, $SD = 18.17$, $Mdn = 27.75$), and hours ranging from 2 to 75.

Short-Term Objective: Follow-up GED Practice Test

Data were available for 44 women who participated in the WA in 2024. Twenty-five participants were excluded from the analysis due to being discharged ($n = 9$), 60 days of enrollment occurring in years prior to 2024 ($n = 13$), 60 days of enrollment occurring in 2025 ($n = 3$), or having missing data ($n = 1$). Therefore, 19 participants were included in the analysis. Of the 19 women, 14 participants (74%, $n = 14$) completed at least one follow-up GED practice test by 60 days of enrollment.

Intermediate Objective: Increase in GED Practice Test Score

Data were available for 44 women who participated in the WA in 2024. Twenty-eight participants were excluded from the analysis due to being discharged ($n = 14$), 90 days of enrollment occurring in years prior to 2024 ($n = 8$), 90 days of enrollment occurring in 2025 ($n = 5$), or having missing data ($n = 1$). Therefore, 16 participants were included in the analysis. Seven women (44%, $n = 7$) showed a 10-point increase in at least one area of the GED practice test from their baseline score by 90 days of enrollment.

Long-Term Objective: Earned GED

Data were available for 34 women who participated in the WA in 2024. At discharge, eight participants (43.7%, $n = 8$) obtained their GED.

Key Performance Indicator: Pass GED Subject Test

Data were available for 6 women who participated in the WA in 2024. At 180 days, 3 participants (50%, $n = 3$) passed at least one area of the GED test.

Career Intensive Pathway Objectives

Long-Term Objective: Complete Apprenticeship

Data were available for 15 women who participated in the WA in 2024. Three participants were not included in the analysis due to missing data, resulting in 12 participants included in the analysis. Of the 12 participants who started an apprenticeship in 2024, 100% ($n = 12$) completed their apprenticeship.

Career Readiness and Apprenticeship Objectives

Immediate Objective: Earned Assignment Points

Data were available for 37 women who participated in the WA in 2024. Two participants were excluded from the analysis due to being discharged ($n = 1$) or having missing data ($n = 1$), resulting in 35 participants included in the analysis. Of the 35, 100% of participants ($n = 35$) earned 9 or more out of 50 assignment points by two weeks of enrollment.

Short-Term Objective: Earned Assignment Points

Data were available for 37 women who participated in the WA in 2024. Two participants were excluded from the analysis due to being discharged ($n = 1$) or having missing data ($n = 1$), resulting in 35 participants included in the analysis. Of the 35, 18 participants (51%, $n = 18$) completed 25 or more out of 50 assignment points by four weeks of enrollment. On average, participants completed approximately 25 assignment points ($M = 24.54$, $SD = 1.05$), with assignment points ranging from 21.5 to 27.

Short-Term Objective: Completed Essential Computer Skills Modules

Data were available for 37 women who participated in the WA in 2024. Eleven participants were excluded from the analysis due to being discharged ($n = 1$) or having missing data ($n = 10$), resulting in 26 participants included in the analysis. Of the 26 participants retained in the analysis, 7 participants (27%, $n = 7$) completed all Northstar Digital Literacy platform Essential Computer Skills modules by four weeks of enrollment. On average, participants completed 3 of the six modules ($M = 3.03$, $SD = 2.32$). Of the 26 participants, 21 (81%) completed the Basic Computer Skills module, 22 (85%) completed the Internet Basics module, 21 (81%) completed the Using Email module, 17 (65%) completed the Windows 10 module, 11 (42%) completed the Windows 11 module, and 12 (46%) completed the MacOS module.

Intermediate Objective: Completed Essential Software Skills Modules

Data were available for 37 women who participated in the WA in 2024. Eighteen participants were excluded from the analysis due to being discharged ($n = 1$) or having missing data ($n = 17$), resulting in 19 participants included in the analysis. Of the 19 participants retained in the analysis, 9 (47%, $n = 9$) completed all Northstar Digital Literacy platform Essential Software Skills modules by six weeks of enrollment. On average, participants completed 2 modules ($M = 1.67$, $SD = 1.74$). Of the 19 participants, 18 (95%) completed the Word module, 11 (58%) completed the Excel module, 13 (68%) completed the PowerPoint module, and 17 (89%) completed the Google Docs module.

Long-Term Objective: Internal Mock Interview

Data were available for 37 women who participated in the WA in 2024. Two participants were excluded from the analysis due to being discharged, resulting in 35 participants included in the analysis. Of the 35 participants retained in the analysis, 28 (80%, $n = 28$) earned a minimum rating of “Meets Standards” on the internal mock interview. Specifically, 15 (43%) earned a “Meets Standards” rating, 13 (37%) earned an “Exceeds Standards” rating, and 7 (20%) earned a “Does Not Meet Standards” rating.

Long-Term Objective: Completed Portfolio

Data were available for 37 women who participated in the WA in 2024. Four participants were excluded from the analysis due to being discharged ($n = 2$) or having missing data ($n = 2$), resulting in 33 participants included in the analysis. Of the 33 participants retained in the analysis, 100% ($n = 33$) completed a portfolio by nine weeks of enrollment in WA.

Long-Term Objective: Earned Assignment Points

Data were available for 37 women who participated in the WA in 2024. Two participants were excluded from the analysis due to being discharged, resulting in 35 participants included in the analysis. Of the 35 participants retained in the analysis, 34 (97%, $n = 34$) earned at least 45 out of 50 assignment points by nine weeks of enrollment.

Long-Term Objective: Module Certification Completions

Data were available for 37 women who participated in the WA in 2024. Two participants were excluded from the analysis due to being discharged, resulting in 35 participants included in the analysis. Of the 35

participants retained in the analysis, 17 (49%, $n = 17$) completed 14 module certifications in the Northstar Digital Literacy platform by nine weeks of enrollment.

Long-Term Objective: Identified Apprenticeship Placement or Full-Time Employment

Data were available for 37 women who participated in the WA in 2024. Five participants were excluded from the analysis due to being discharged ($n = 2$) or having missing data ($n = 3$), resulting in 32 participants included in the analysis. Of the 32 participants retained in the analysis, 91% ($n = 29$) identified an apprenticeship placement or gained full-time employment by nine weeks of enrollment in WA.

Key Performance Indicator: GT Law Visits

Data were available for 37 women who participated in the WA in 2024. One participant was excluded from the analysis due to being discharged, resulting in 36 participants included in the analysis. Of the 36 participants, 92% ($n = 33$) completed at least 3 GT Law visits.

Key Performance Indicator: Seat Hours

By 4 weeks of enrollment, 0% of participants completed 56+ out of 120 seat hours.

Wellness Objectives

Immediate Objective: Baseline Psychological Wellbeing Assessment

Data were available for 101 women who participated in the WA in 2024. Thirty participants were excluded from the analysis due to being discharged ($n = 3$), 30 days of enrollment occurring in years prior to 2024 ($n = 15$), 30 days of enrollment occurring in 2025 ($n = 2$), or having missing data ($n = 10$). Of the 71 women, 57 (80%, $n = 57$) completed a baseline measure of psychological wellbeing within 30 days of enrollment. Due to two vacancies among the Clinical Case Management staff between February 2024 and August 2024, fewer participants completed baseline measures of psychological wellbeing. From September to the end of 2024, 100% of participants completed the Psychological Wellbeing Scale.

Short-Term Objective: National Financial Educators Council Modules

Data were not available for women enrolled in WA in 2024. The NFEC training was completed on September 30th by WA staff. The NFEC curriculum was not implemented in 2024 due to the time-intensive nature of the training modules.

Intermediate Objective: Enrichment/Special Event Attendance

Data were available for 40 women enrolled in WA in 2024. Of the 40 women, 8 (20%, $n = 8$) attended at least one enrichment or special event, which may be due to the vacant position of Enrichment Coordinator.

Intermediate Objective: Lunch and Learn Attendance

Limited data were available to assess Lunch and Learn attendance by 90 days of enrollment. Available data show 0% of participants attended 3 or more Lunch and Learn sessions.

Long-Term Objective: Increase in Psychological Wellbeing

Data were available for 19 participants who completed two administrations of the Psychological Wellbeing Scale. Three participants (16%, $n = 3$) showed at least a one standard deviation increase in their score according to the baseline *SD* estimate.

Key Performance Indicator: Group Therapy Attendance

Data were available for 78 participants enrolled in WA in 2024. Data were missing for one participant who discharged, resulting in 77 participants included in the analysis. During enrollment, 25% of participants ($n = 19$) attended at least 4 group therapy sessions.

Individual Case Management Objectives

Immediate Objective: Individualized Service Plan

Data were available for 102 women who participated in the WA in 2024. Sixty-nine participants were excluded from the analysis due to being discharged ($n = 6$), having missing data ($n = 48$), or the 15th day of enrollment occurring in 2023 ($n = 15$), resulting in 33 participants included in the analysis. Of the 33 women, 24 participants (73%, $n = 24$) completed Individualized Service Plans (ISPs) within 15 days of enrollment. The average number of days past enrollment for completing an ISP was approximately 32 days ($M = 31.51$, $Mdn = 42.19$, $SD = 50.88$), with days ranging from 0 to 210.

Short-Term Objective: Resources and Referrals

Data were available for 21 women who needed resources or referrals in 2024. Of the 21 women, the resource/referral(s) were provided for 19 participants (90%, $n = 19$) within 45 days of enrollment.

Intermediate Objective: ISP Goals

Data were available for 102 women who participated in the WA in 2024. Fifty-seven participants were excluded from the analysis due to being discharged ($n = 38$) or having 90 days of enrollment occur in 2023 ($n = 9$) or 2025 ($n = 10$), resulting in 45 participants included in the analysis. Of the 45 participants, 22 (49%, $n = 22$) completed one or more ISP goals.

Long-Term Objective: Key Areas of the LW-SSM

Data were available for 19 women who participated in the WA in 2024. Of the 19 women who completed the LW-SSM by planned discharge, 14 (74%, $n = 14$) scored a 3 or higher in the four key areas: mental health, safety, life skills, and network support. Mean scores for the key areas were as follows: 4.04 for mental health ($SD = 0.88$), 4.70 for safety ($SD = 0.61$), 4.50 for life skills ($SD = 0.77$), and 3.69 for network support ($SD = 1.20$).

Key Performance Indicator: Case Management Sessions Attendance

Data were available for 102 women who participated in the WA in 2024. Thirty-five participants were excluded from the analysis due to being discharged ($n = 11$), having missing data ($n = 7$), or having 30 days of enrollment occur in 2023 ($n = 15$) or 2025 ($n = 2$). Of the 67 women retained in the analysis, 30 participants (45%, $n = 30$) attended at least two case management sessions within 30 days of enrollment. On average, participants attended approximately one session ($M = 1.48$, $SD = 1.41$) by 30 days.

Outreach Objectives

Immediate Objective: Contracts

Data were available for 237 participants who applied to work with the WA in 2024. Within 3 days after applying, 92% of participants ($n = 219$) received a contact (i.e., phone screening, email, text, and/or call).

Short-Term Objective: Information Session

Data were available for 122 participants who applied to work with the WA in 2024. For those interested in proceeding with the contract, 72% of participants ($n = 88$) received a virtual information session within 8 days after the first contact.

Intermediate Objective: Scheduled Clinical Intake

Data were available for 114 participants who attended the virtual information session. Of the 114, 76% of participants ($n = 87$) had a clinical intake scheduled within 10 days of the virtual information session.

Key Performance Indicator: Quarter 1 Community Site Visits

Available data showed the Outreach Coordinator visited 8 community sites at the end of the first quarter.

Key Performance Indicator: Quarter 2 Community Site Tables

Available data showed the Outreach Coordinator tabled at 7 community sites at the end of the second quarter.

Key Performance Indicator: Quarter 3 Community Workshops

Available data showed the Outreach Coordinator offered 5 workshops in the community at the end of the third quarter.

Key Performance Indicator: Quarter 4 Community Partner Visits

Available data showed the Outreach Coordinator visited 11 partners at the end of the fourth quarter.

Conclusions

The Women's Academy demonstrated strong performance in several areas of career readiness and short-term skill development in 2024. Participants engaged meaningfully in instruction and workforce preparation activities, with 75% completing at least 16 hours of instruction in the first 30 days, and 91% securing an apprenticeship placement or full-time employment within nine weeks. The Career Intensive Pathway was particularly successful, with 100% of participants who began an apprenticeship completing it. Assignment completion was also strong, with 97% earning at least 45 out of 50 points by nine weeks, and 100% completing a career portfolio.

Despite these strengths, the program faced challenges in academic progression, digital literacy, wellness engagement, and individual goal attainment. Only 44% of participants demonstrated a 10-point gain on a GED practice test, and while 85% completed basic digital tasks, such as email and internet modules, only 27% completed all six Essential Computer Skills modules and 47% completed the Essential Software Skills. Engagement in wellness programming was limited: only 25% attended at least four group therapy sessions, and only 16% of those assessed showed significant gains in psychological wellbeing. Enrichment activities and Lunch & Learn sessions were also under-attended, partly due to staffing vacancies. Furthermore, while 90% of participants received needed referrals, only 49% completed at least one goal on their Individualized Service Plan, and fewer than half (45%) attended two or more case management sessions in the first 30 days. These findings suggest that while the Women's Academy is successful in launching participants into career pathways, more consistent support and engagement are needed to sustain academic, wellness, and personal development outcomes.

Recommendations

To strengthen its impact and ensure more balanced outcomes across career, academic, and wellness domains, the Women’s Academy should focus on four key areas: academic support, digital literacy, wellness engagement, and individualized services. First, academic progress in the GED pathway should be bolstered. While 75% of participants completed a follow-up GED practice test, only 44% showed a 10-point improvement, and only 50% passed a subject test within 180 days. Staff should pay close attention to barriers to progress toward GEDs and assess whether objectives are realistic or aspirational.

Second, the Academy should increase support for digital literacy. Although participants completed core modules like Internet Basics and Email at high rates (over 80%), only 27% completed all six Essential Computer Skills modules and 47% completed the full Essential Software Skills set. Staff should review the areas of lower completion, such as Windows 10, Windows 11, Excel, and PowerPoint, and determine if there are opportunities to strengthen programming to support completion in these areas.

Third, wellness and enrichment engagement need attention. Attendance at enrichment events (20%) and group therapy (25%) was low, and only 16% of participants improved their psychological wellbeing scores. These outcomes were likely impacted by staffing vacancies, such as the Enrichment Coordinator. Reestablishing these roles and embedding wellness goals into ISPs, pairing them with incentives, and incorporating participant feedback on session formats and topics could also increase attendance and impact.

Fourth, individualized services and goal tracking could be improved. While 73% completed an ISP, only 49% met at least one ISP goal by 90 days, and only 45% attended two or more case management sessions within the first month. This suggests that ISP goals should be revised or revisited, and frequency of contact with the Case Manager should be increased.

Finally, the quarterly review process should be used to monitor progress, identify emerging challenges, and guide timely interventions to strengthen service delivery across all domains of care. Program logic models should be treated as living documents that can and should be revised throughout the year as new data, shifting needs, implementation challenges, or program adaptations arise. KPI benchmarks should be used to support data-driven decision-making throughout the year, monitoring the timeliness and consistency of services and identifying areas for improvement. As such, KPIs should be reviewed regularly, not just annually, to inform mid-year adjustments and ensure the program remains aligned with its intended outcomes.

Table 4. Summary of WA 2024 Evaluation Results

Activity	Benchmarks	Objective	Status	Comments
Adult Education	Immediate	By 30 days of enrollment, 75% of participants will have completed 16 hours of instruction.	Met	Of the 24 women, 18 participants (75%) completed at least 16 hours of instruction by 30 days of enrollment, with an average number of hours of approximately 30 hours ($M = 29.10$, $SD = 18.17$, $Mdn = 27.75$) and hours ranging from 2 to 75.

Activity	Benchmarks	Objective	Status	Comments
	Short-Term	By 60 days of enrollment, 90% of participants will have completed at least 1 follow-up GED practice test.	Not Met	Of the 19 women, 14 participants (74%) completed at least 1 follow-up GED practice test by 60 days of enrollment.
	Intermediate	By 90 days of enrollment, 80% of participants will have a 10-point increase in at least 1 area of the GED practice test from their baseline score.	Not Met	7 women (44%) showed a 10-point increase in at least one area of the GED practice test from their baseline score by 90 days of enrollment.
	Long-Term	At discharge, 25% of participants will obtain their GED.	Met	At discharge, 8 participants obtained their GED (43.7%).
	Key Performance Indicator	By 180 days of enrollment, 50% of participants will pass 1 area of the GED test.	Met	At 180 days, 3 participants (50%) passed 1 area of the GED test.
Career Intensive Pathway	Long-Term	At discharge, 75% of participants who started apprenticeship will complete apprenticeship.	Met	Of the 12 participants who started an apprenticeship in 2024, 100% ($n = 12$) completed their apprenticeship.
Career Readiness and Apprenticeship	Immediate	By 2 weeks of enrollment, 80% of participants will earn 9+/50 assignment points.	Met	Of the 35, 100% of participants ($n = 35$) earned 9 or more out of 50 assignment points by two weeks of enrollment.
	Short-Term	By 4 weeks of enrollment, 80% of participants will complete 25+ of 50 assignment points.	Not Met	Of the 35, 18 participants (51%, $n = 18$) completed 25 or more out of 50 assignment points by four weeks of enrollment. On average, participants completed approximately 25 assignment points ($M = 24.54$, $SD = 1.05$), with assignment points ranging from 21.5 to 27.
		By 4 weeks of enrollment, 80% of participants will complete all 6 Northstar Digital Literacy platform Essential Computer Skills modules.	Not Met	Of the 26 participants retained in the analysis, 7 participants (27%, $n = 7$) completed all Northstar Digital Literacy platform Essential Computer Skills modules by four weeks of enrollment. On average, participants completed 3 of the six modules ($M = 3.03$, $SD = 2.32$).

Activity	Benchmarks	Objective	Status	Comments
	Intermediate	By 6 weeks of enrollment, 80% of participants will complete all 4 NorthStar Digital Literacy platform Essential Software Skills modules.	Not Met	Of the 19 participants retained in the analysis, 9 (47%, $n = 9$) completed all Northstar Digital Literacy platform Essential Software Skills modules by six weeks of enrollment. On average, participants completed 2 modules ($M = 1.67$, $SD = 1.74$).
		By 9 weeks of enrollment, 75% of participants will earn a minimum rating of “Meets Standards” on the internal Mock Interview.	Met	Of the 35 participants retained in the analysis, 28 (80%, $n = 28$) earned a minimum rating of “Meets Standards” on the internal mock interview. Specifically, 15 (43%) earned a “Meets Standards” rating, 13 (37%) earned an “Exceeds Standards” rating, and 7 (20%) earned a “Does Not Meet Standards” rating.
	Long-Term	By 9 weeks of enrollment, 80% of participants will have a completed portfolio.	Met	Of the 33 participants retained in the analysis, 100% ($n = 33$) completed a portfolio by nine weeks of enrollment in WA.
		By 9 weeks of enrollment, 80% of participants will earn 45+/50 assignment points.	Met	Of the 35 participants retained in the analysis, 34 (97%, $n = 34$) earned at least 45 out of 50 assignment points by nine weeks of enrollment.
		By 9 weeks of enrollment, 80% of participants will complete 14 module certifications in the Northstar Digital Literacy platform	Not Met	Of the 35 participants retained in the analysis, 17 (49%, $n = 17$) completed 14 module certifications in the Northstar Digital Literacy platform by nine weeks of enrollment.
		By 9 weeks of enrollment, 75% of participants will have an apprenticeship placement identified or full-time employment obtained.	Met	Of the 32 participants retained in the analysis, 91% ($n = 29$) identified an apprenticeship placement or gained full-time employment by nine weeks of enrollment in WA.
		By 4 weeks of enrollment, 90% of participants will have	Met	Of the 36 participants, 92% ($n = 33$) completed at least 3 GT Law visits.

Activity	Benchmarks	Objective	Status	Comments
	Key Performance Indicator	completed 3+ GT Law visits.		
		By 4 weeks of enrollment, 90% of participants will have completed 56+ out of 120 seat hours.	Not Met	By 4 weeks of enrollment, 0% of participants completed 56+ out of 120 seat hours.
Wellness	Immediate	By 30 days of enrollment, 100% of participants will complete a baseline Psychological Wellbeing (18 items) assessment.	Not Met	Of the 71 women, 57 (80%) completed a baseline measure of psychological wellbeing within 30 days of enrollment.
	Short-Term	By 60 days of enrollment, 75% of participants will complete 2 National Financial Educators Council (NFEC) modules.	Unable to Measure	Data were not available for women enrolled in WA in 2024.
	Intermediate	By 90 days of enrollment, 90% of participants will attend 1+ Enrichment/ Special Event(s).	Not Met	Of the 40 women, 8 (20%) attended at least one enrichment or special event.
		By 90 days of enrollment, 90% of participants will attend 3 or more Lunch & Learns.	Unable to Measure	Limited data were available to assess Lunch and Learn attendance by 90 days of enrollment. Available data shows 0% of participants attended 3 or more Lunch and Learns.
	Long-Term	By discharge, 75% of participants will have a 1 standard deviation score increase (based on baseline SD) on the Psychological Wellbeing (18 items) assessment.	Not Met	3 participants (16%) showed at least a one standard deviation increase in their score according to the baseline standard deviation estimate.
	Key Performance Indicator	During enrollment, 75% of participants will have attended 4 group therapy sessions.	Not Met	During enrollment, 25% of participants ($n = 19$) attended at least 4 group therapy sessions.
Individual Case Management	Immediate	By 15 days of enrollment, 95% of participants will have completed an Individualized Service Plan (ISP).	Not Met	Of the 33 women, 24 participants (73%) completed individualized service plans (ISPs) within 15 days of enrollment. The average

Activity	Benchmarks	Objective	Status	Comments
				number of days past enrollment for completing an ISP was approximately 32 days ($M = 31.51$, $Mdn = 42.19$, $SD = 50.88$), with days ranging from 0 to 210.
	Short-Term	By 45 days of enrollment, 95% of participants who need a resource/ referral will be provided with the resource/ referral.	Not Met	Of the 21 women reported to need a resource/referral, the resource/referral(s) was provided for 19 participants (90%) within 45 days of enrollment.
	Intermediate	By 90 days of enrollment, 90% of participants will complete 1 or more ISP goals.	Not Met	Of the 45 participants, 22 participants (49%) completed one more ISP goals.
	Long-Term	By planned discharge (i.e., completed services/ program), 75% of participants will score a 3 or higher on key focus areas of the LW-SSM: Safety, Mental Health, Life Skills, and Network Support.	Not Met	Of the 19 women who completed the LW-SSM by planned discharge, 14 women (74%) scored a 3 or higher in the 4 key areas, which included mental health, safety, life skills, and network support.
	Key Performance Indicator	By 30 days of enrollment, 90% of participants will attend 2 or more case management sessions.	Not Met	Of the 67 women retained in the analysis, 30 participants (45%) attended at least 2 case management sessions within 30 days of enrollment. On average, participants attended approximately 1 case management session ($M = 1.48$, $SD = 1.41$) by 30 days.
Outreach	Immediate	Within 3 days after applying, 90% of participants will receive a contact (i.e., phone screening, email, text, and/or call).	Met	Within 3 days after applying, 92% of participants ($n = 219$) received a contact (i.e., phone screening, email, text, and/or call).
	Short-Term	For those interested in proceeding, 50% of participants will receive a virtual information session within 8 days after the first contact.	Met	For those interested in proceeding with the contract, 72% of participants ($n = 88$) received a virtual information session within 8 days after the first contact.

Activity	Benchmarks	Objective	Status	Comments
	Intermediate	Of participants who attend the virtual information session, 75% will have a clinical intake scheduled within 10 days from the virtual information session.	Met	Of the 114, 76% of participants ($n = 87$) had a clinical intake scheduled within 10 days from the virtual information session.
	Key Performance Indicator	By the end of Q1 OC will visit 35 community sites.	Not Met	Available data showed the OC visited 8 community sites at the end of the first quarter.
		By the end of Q2, the OC will table at 6 community sites.	Met	Available data showed the OC tabled at 7 community sites at the end of the second quarter.
		By the end of Q3, the OC will have completed 4 workshops in the community.	Met	Available data showed the OC offered 5 workshops in community at the end of the third quarter.
		By the end of Q4, the OC will have visited 8 partners in the community.	Met	Available data showed the OC visited 11 partners at the end of the fourth quarter.

Post Program Support Program Objectives & Evaluation Results

Post-Program Support (PPS) is a new department that was added in 2023 and offers follow-up services for women (and their children) and youth who have participated in Wellspring Living’s programs. Women have access to housing support, case management, and community counseling services. Housing supports include transitional housing (“The Bridge”) and housing vouchers. Case management is a collaborative process in which the participant’s individualized needs and goals are addressed. The community counseling services offer women the opportunity to engage in outpatient counseling. This service is tailored for participants to have regular virtual or in-person counseling sessions while maintaining their daily routine and independent living, and is available to current and former participants, aiming to support healthy transitions and ongoing well-being. Through PPS, staff work to ensure that women and youth who transition from Wellspring Living are equipped with the tools and resources that they need to continue moving toward independence and long-term stability.

Program Objectives

Case Management Objectives

Immediate By 30 days of enrollment, 100% of participants will have received 1 case management session.

Short-term	By 3 months of enrollment, 75% of participants will have received at least 1 community referral or resource.
Intermediate	By 6 months of enrollment, 50% of participants will have a written budget.
Long-Term	By planned discharge, 75% of participants will have a composite score of 3 (i.e., stable) or higher on the Assessment of Survivor Outcomes (ASO).
KPI	By 60 days, 75% of participants will have developed SMART goal(s) with the Case Manager.

Transitional Housing Objectives (The Bridge)

Immediate	By 30 days, 90% of participants will be employed.
Short-term	By 6 months, 75% of participants will be up-to-date on monthly program fees.
Intermediate	By 1 year, 90% of participants will renew their apartment unit license.
Long-Term	By 2 years, 75% of The Bridge participants will have met their individualized savings goal.
KPI	By 7 months, 90% of participants will attend 2 90-day check-ins. By 1 year, 90% of participants will pass at least 10 apartment inspections.

Transitional Housing Objectives (Housing Navigation)

Immediate	By 30 days, 90% of participants will have completed a Housing Assessment.
Short-term	By 3 months, 90% of participants will have completed a Housing Plan.
Intermediate	By 6 months, 85% of participants will transition to a safe and stable housing placement.
Long-Term	By 3-month check-in post-placement, 85% of participants will maintain housing.
KPI	By 5 months, 75% of participants will receive Housing Advocacy.

PPS Instruments

Assessment of Survivor Outcomes

The Assessment of Survivor Outcomes (ASO) is an observer-rated tool designed to evaluate a survivor's overall functioning and vulnerability to revictimization using multiple sources of information. These sources include direct observation, input from the survivor and caregivers, and feedback from other service providers. The ASO contains 39 items across six key domains: Safety, Legal Protection, Mental Wellbeing, Economic Empowerment and Education, Social Support, and Physical Wellbeing. Each subdomain is rated on a 4-point vulnerability-stability continuum, with 1 indicating high vulnerability, 2 indicating vulnerability, 3 indicating stability, and 4 indicating high stability. Scores within each domain

are averaged to create a domain score, and an overall score is calculated by averaging the six domain scores. Higher scores indicate greater stability, increased safety, and stronger functioning across key areas of independent living. Example items include whether the survivor is free from abuse or neglect, aware of their legal rights, demonstrates empowered behaviors, manages finances, has positive support networks, and accesses medical care. The ASO offers a comprehensive view of the survivor's progress and remaining needs as they work toward long-term independence.

Post Program Support 2024 Evaluation Results

A total of 33 women participated in Post Program Support (PPS) between January 1, 2024 and December 31, 2024.

Case Management Objectives

Immediate Objective: Case Management Session

Data were available for 33 women enrolled in PPS in 2024. Participants whose first 30 days of enrollment fell in 2023 ($n = 11$) or 2025 ($n = 6$) were excluded from the analysis. Of the 16 participants included in the analysis, 100% ($n = 16$) received a case management session within the first 30 days of enrollment.

Short-Term Objective: Referrals and Resources

Data were available for 33 women enrolled in PPS in 2024. Participants whose first 3 months of enrollment fell in 2023 ($n = 11$) or 2025 ($n = 6$) were excluded from the analysis. Of the 16 participants included in the analysis, 100% ($n = 16$) received needed resources or referrals within 3 months of enrollment.

Intermediate Objective: Written Budget

Data were available for 33 women enrolled in PPS in 2024. Of the 33 women, 16 were excluded for not completing a budget in 2023, resulting in 17 included in the analysis. Of the 17 participants, 8 (47%) completed a written budget within 6 months of enrollment.

Long-Term Objective: Assessment of Survivor Outcomes Scores

Data were available for six participants enrolled in PPS in 2024. Of the 6, three participants (50%) had a composite score of 3 or higher on the Assessment of Survivor Outcomes.

Key Performance Indicator: SMART Goals

Data were available for 33 women enrolled in PPS in 2024. Nineteen participants were not eligible for the analysis due to missing data ($n = 2$), being discharged ($n = 1$), not completing SMART goals in 2024 ($n = 15$), or opting out ($n = 1$). Of the 14 women retained, 10 participants (71%) completed SMART goals with the Human Services Professional (HSP) in 2024. On average, participants developed their SMART goals with the HSP within 43 days of enrollment ($M = 43.69$, $SD = 30.38$), with days ranging from 7 to 122.

Transitional Housing Objectives (The Bridge)

Immediate Objective: Employment

Data were available for 3 women enrolled in PPS in 2024. One participant had missing data and was excluded from the analysis. Of the 2 women, both (100%) were employed within 30 days of admission.

Short-Term Objective: Monthly Program Fees

Data were available for 4 women enrolled in PPS in 2024. All participants (100%; $n = 4$) were up to date on monthly program fees by 6 months of enrollment.

Intermediate Objective: Apartment Unit License

Data were available for 3 women enrolled in PPS in 2024. All participants (100%; $n = 3$) renewed their apartment unit license by 1 year.

Long-Term Objective: Individualized Savings Goals

Data were available for 4 women enrolled in PPS in 2024. One of the four participants (25%) met their individualized savings goal by 2 years of enrollment.

Key Performance Indicator: 90-Day Check-in Attendance

Data were available for 4 women enrolled in PPS in 2024. All participants (100%; $n = 4$) attended at least two 90-day check-ins by 7 months.

Key Performance Indicator: Apartment Inspections

Data were available for 4 women enrolled in PPS in 2024. Three of the four participants (75%) passed 10 apartment inspections by 1 year.

Transitional Housing Objectives (Housing Navigation)

Immediate Objective: Housing Assessment

Data were available for 16 women enrolled in PPS in 2024. Four participants were excluded from the analysis for missing data ($n = 1$), being discharged ($n = 1$), or their 30th day occurring in 2023 ($n = 2$). Of the 12 women, 11 participants (92%) completed a housing assessment.

Short-Term Objective: Housing Plan

Data were available for 16 women enrolled in PPS in 2024. Four participants were excluded from the analysis for missing data ($n = 1$), being discharged ($n = 1$), or 3 months not occurring in 2024 ($n = 2$). Of the 12 women, 10 participants (83%) developed a housing plan by 3 months.

Intermediate Objective: Safe and Stable Housing Placement

Data were available for 16 women enrolled in PPS in 2024. Four participants were excluded from the analysis for missing data ($n = 1$), being discharged ($n = 1$), or 6 months not occurring in 2024 ($n = 2$). Of the 12 women, 8 participants (67%) obtained a safe and stable housing placement by 6 months.

Long-Term Objective: Housing Maintenance

Data were available for 9 women enrolled in PPS in 2024. Two participants were excluded from the

analysis for missing data ($n = 1$) or being discharged ($n = 1$). Of the 7 women, 100% ($n = 7$) maintained housing.

Key Performance Indicator: Housing Advocacy

Data were available for 16 women enrolled in PPS in 2024. Three participants were excluded from the analysis for missing data ($n = 1$), being discharged ($n = 1$), or 5 months not occurring in 2024 ($n = 1$). Of the 13 women, all participants (100%; $n = 13$) had housing advocacy by 5 months.

Conclusions

In its first full year of implementation, Post-Program Support (PPS) demonstrated strong success in meeting its immediate and short-term goals, particularly in case management, resource connection, and housing support. All participants with eligible data received a case management session within 30 days and were provided with needed community referrals and resources within 3 months (100%). PPS also achieved a 92% completion rate for housing assessments and an 83% completion rate for housing plans by 3 months. Housing advocacy was a strength, with 100% of eligible participants receiving support by five months, and all participants who reached the follow-up period ($n = 7$) successfully maintaining housing after placement.

Program participants also showed promising results in areas such as employment (100% of those with data were employed within 30 days), apartment license renewals (100%), and fee compliance (100%). However, data availability for many long-term goals was limited due to the program's recent launch and small participant pool. For example, only four participants were eligible for the individualized savings goal metric, and just one met their goal (25%). Similarly, while three of four participants passed 10 apartment inspections, broader trends could not be established. Budgeting and financial planning emerged as areas for improvement, with only 47% of eligible participants completing a written budget within 6 months. Additionally, while 71% of participants developed SMART goals with their case manager, average completion occurred later than intended ($M = 43$ days). In sum, PPS is excelling at providing essential stabilization supports and housing services in its early stages, but greater attention is needed in building long-term financial capability, increasing data completeness, and expanding evaluation as the program matures.

Recommendations

To build on the strong foundation established in its first full year, the PPS program should focus on strengthening long-term financial empowerment, improving goal planning timelines, and expanding data collection as the program grows. First, budgeting and financial planning need greater emphasis. While participants received strong support in case management and housing, only 47% of eligible participants completed a written budget within six months, and just 25% of those tracked met their individualized savings goal by two years. PPS should determine what financial literacy discussions need to occur earlier in the case management process and offer programming to support the realization of these goals.

Second, the development of SMART goals should be prioritized earlier in enrollment. Although 71% of participants completed SMART goals, the average timeline was 43 days, beyond the 30-day target. Third, while the program achieved strong results in short-term housing stability, more structured support may help increase safe and stable housing placements by the six-month mark, which was achieved by 67% of eligible participants. Earlier alignment between housing plans and available placements could help meet this benchmark.

Additionally, the program should continue to build out its data systems to ensure complete tracking of participant progress, particularly for long-term goals such as employment retention, housing maintenance, and financial milestones. Several metrics had small eligible samples, which limited the ability to evaluate outcomes fully. As the program matures, consistent data entry and regular review processes will be critical for understanding trends and making timely improvements.

Finally, the quarterly review process should be used to monitor progress, identify emerging challenges, and guide timely interventions to strengthen service delivery across all domains of care. Program logic models should be treated as living documents that can and should be revised throughout the year as new data, shifting needs, implementation challenges, or program adaptations arise. KPI benchmarks should be used to support data-driven decision-making throughout the year, monitoring the timeliness and consistency of services and identifying areas for improvement. As such, KPIs should be reviewed regularly, not just annually, to inform mid-year adjustments and ensure the program remains aligned with its intended outcomes.

Table 5. Summary of PPS 2024 Evaluation Results

Activity	Benchmarks	Objective	Status	Comments
Case Management	Immediate	By 30 days of enrollment, 100% of participants will have received 1 case management session.	Met	Of the 16 participants included in the analysis, 100% of participants ($n = 16$) received a case management session within the first 30 days of enrollment.
	Short-Term	By 3 months of enrollment, 75% of participants will have received at least 1 community referral or resource.	Met	Of the 16 participants included in the analysis, 100% of participants ($n = 16$) received needed sources or referrals within 3 months of enrollment.
	Intermediate	By 6 months of enrollment, 50% of participants will have a written budget.	Not Met	Of the 17 participants, 8 participants (47%) completed a written budget within 6 months of enrollment.
	Long-Term	By planned discharge, 75% of participants will have a composite score of 3 (i.e., stable) or higher on the Assessment of Survivor Outcomes (ASO).	Not Met	Of the 6, 3 participants (50%) had a composite score of 3 or higher on the Assessment of Survivor Outcomes.
	Key Performance Indicator	By 60 days, 75% of participants will have developed SMART goal(s) with the Case Manager.	Not Met	Of the 14 women, 10 participants (71%) completed SMART goals with the Human Services Professional (HSP) in 2024. For participants enrolled in 2024, on average, they developed their SMART goals with the HSP in 43 days ($M = 43.69$, $SD = 30.38$), with the number of days ranging from 7 to 122.

Activity	Benchmarks	Objective	Status	Comments
Transitional Housing (The Bridge)	Immediate	By 30 days, 90% of participants will be employed.	Met	Of the 2 women, both (100%) were employed within 30 days of admission.
	Short-Term	By 6 months, 75% of participants will be up-to-date on monthly program fees.	Met	All participants (100%; $n = 4$) were up-to-date on monthly program fees by 6 months of enrollment.
	Intermediate	By 1 year, 90% of participants will renew their apartment unit license.	Met	All participants (100%; $n = 3$) renewed their apartment unit license by 1 year.
	Long-Term	By 2 years, 75% of The Bridge participants will have met their individualized savings goal.	Met	One of the four participants (25%) met their individualized savings goal by 2 years of enrollment.
	Key Performance Indicators	By 7 months, 90% of participants will attend 2 90-day check-ins.	Met	All participants (100%; $n = 4$) attended at least 2 90-day check-ins by 7 months.
		By 1 year, 90% of participants will pass at least 10 apartment inspections.	Not Met	Three of the four participants (75%) passed 10 apartment inspections by 1 year.
Transitional Housing (Housing)	Immediate	By 30 days, 90% of participants will have completed a Housing Assessment.	Met	Of the 12 women, 11 participants (92%) completed a housing assessment.
	Short-Term	By 3 months, 90% of participants will have completed a Housing Plan.	Not Met	Of the 12 women, 10 participants (83%) developed a housing plan by 3 months.
	Intermediate	By 6 months, 85% of participants will transition to a safe and stable housing placement.	Not Met	Of the 12 women, 8 participants (67%) obtained a safe and stable housing placement by 6 months.
	Long-Term	By 3-month check-in post-placement, 85% of participants will maintain housing.	Met	Of the 7 women, 100% ($n = 7$) maintained housing.
	Key Performance Indicator	By 5 months, 75% of participants will receive Housing Advocacy.	Met	Of the 13 women, all participants (100; $n = 13$) had housing advocacy by 5 months.

Receiving Hope Center

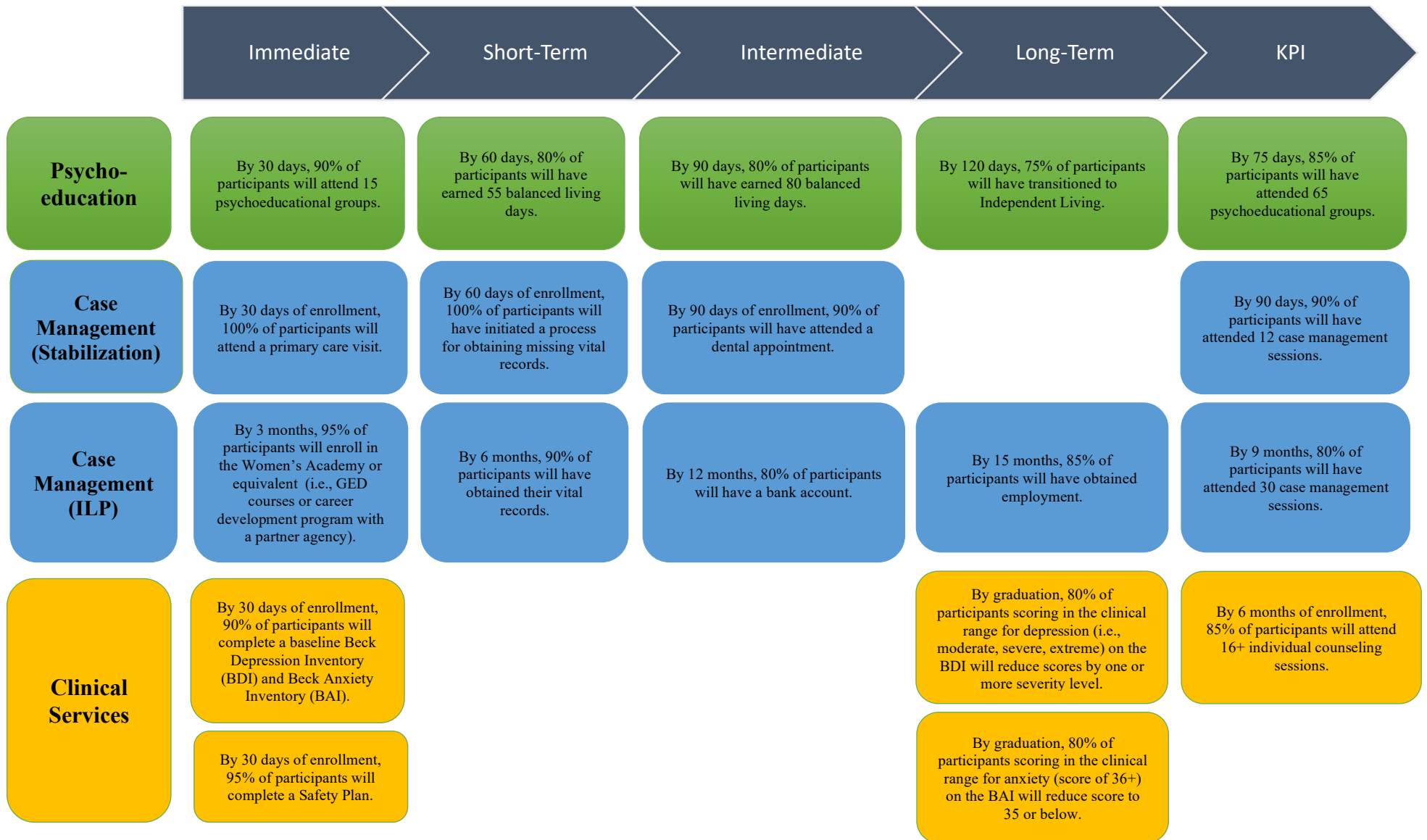


Girls Residential Program



	Immediate	Short-Term	Intermediate	Long-Term	KPI
Therapy	By 7 days, 90% of participants will have developed a safety plan.	By 30 days, 90% of participants will have completed a BioPsychoSocial (BPSS) assessment.	By 6 months, 70% of participants who scored in the moderate range or higher will report a 1 standard deviation (based on baseline SD) decrease in PTSD symptoms from their baseline score on the CPSS.	By graduation, 70% of participants who scored in the CPSS moderate range or higher at baseline will report a decrease in symptom severity (e.g., severe to moderate).	By 3 months, 75% of participants will have an average of 3 therapy sessions per week (individual, group, family).
Case Management	By 72 hours, 90% of participants will have either attended their comprehensive medical exam or received an exemption (i.e., RHC referral, obtained comprehensive medical exam records within the past year).	By 90 days, 75% of participants who received a referral will have attended a follow-up appointment with their provider.	By 6 months, 90% of participants will have completed an individualized service plan. By 6 months, 90% of participants will have attended a team review meeting. By 6 months 90% of participants will have attended a dental follow-up appointment.	At discharge, 100% of participants will have a discharge summary completed.	By 3 months, 90% of participants will have attended 3 meetings with the Human Service Professional.
Building Life Skills	By 15 days, 90% of participants who are at least 14 years old will have completed the Casey Life Skills Assessment.	By 30 days, 80% of participants will have attended 8 life skills opportunities.		At discharge, 75% of participants will have completed at least one full life skills series (e.g., financial literacy course, Girls Inc. course, off-site internship).	By 6 months, 75% of participants will have attended 50 life skills opportunities.
Education	Within 72 hours of admission, 90% of participants will be registered in Wellspring Middle or High School.	By 30 days, 95% of participants in high school will have completed a transcript audit with education staff.	By the end of the first completed enrolled semester, 80% of participants will earn 1 or more course credits.	Within 30 days of discharge, 100% of participants will be withdrawn from school. Within 30 days of discharge, 100% of participants' custodians will receive all educational records.	At the end of the Spring academic semester, 100% of participants enrolled in school will complete a transcript audit review. At the end of the Spring academic semester, 100% of participants enrolled in school will complete a transcript audit review.

Women's Residential Program



Women's Academy



	Immediate	Short-Term	Intermediate	Long-Term	KPI
Adult Education	By 30 days of enrollment, 75% of participants will have completed 16 hours of instruction.	By 60 days of enrollment, 90% of participants will have completed at least 1 follow-up GED practice test.	By 90 days of enrollment, 80% of participants will have a 10-point increase in at least 1 area of the GED practice test from their baseline score.	At discharge, 25% of participants will obtain their GED.	By 180 days of enrollment, 50% of participants will pass 1 area of the GED test.
Career Intensive Pathway				At discharge, 75% of participants who started apprenticeship will complete apprenticeship.	
Career Readiness and Apprenticeship	By 2 weeks of enrollment, 80% of participants will earn 9+/50 assignment points.	By 4 weeks of enrollment, 80% of participants will complete 25+ of 50 assignment points.	By 6 weeks of enrollment, 80% of participants will complete all 4 NorthStar Digital Literacy platform Essential Software Skills modules.	By 9 weeks of enrollment, 75% of participants will earn a minimum rating of "Meets Standards" on the internal Mock Interview.	By 4 weeks of enrollment, 90% of participants will have completed 3+ GT Law visits.
		By 4 weeks of enrollment, 80% of participants will complete all 6 Northstar Digital Literacy platform Essential Computer Skills modules.		By 9 weeks of enrollment, 80% of participants will have a completed portfolio.	By 4 weeks of enrollment, 90% of participants will have completed 56+ out of 120 seat hours.
				By 9 weeks of enrollment, 80% of participants will earn 45+/50 assignment points.	
				By 9 weeks of enrollment, 80% of participants will complete 14 module certifications in the Northstar Digital Literacy platform.	
				By 9 weeks of enrollment, 75% of participants will have an apprenticeship placement identified or full-time employment obtained.	
Wellness Management	By 30 days of enrollment, 100% of participants will complete a baseline Psychological Wellbeing (18 items) assessment.	By 60 days of enrollment, 75% of participants will complete 2 National Financial Educators Council (NFEC) modules.	By 90 days of enrollment, 90% of participants will attend 1+ Enrichment/ Special Event(s). By 90 days of enrollment, 90% of participants will attend 3 or more Lunch & Learns.	By discharge, 75% of participants will have a 1 standard deviation score increase (based on baseline SD) on the Psychological Wellbeing (18 items) assessment. By planned discharge (i.e., completed services/ program), 75% of participants will score a 3 or higher on key focus areas of the LW-SSM: Safety, Mental Health, Life Skills, and Network Support.	During enrollment, 75% of participants will have attended 4 group therapy sessions. By 30 days of enrollment, 90% of participants will attend 2 or more case management sessions.
Individual Case Management	By 15 days of enrollment, 95% of participants will have completed an Individualized Service Plan (ISP).	By 45 days of enrollment, 95% of participants who need a resource/ referral will be provided with the resource/ referral.	By 90 days of enrollment, 90% of participants will complete 1 or more ISP goals.		By the end of Q1 OC will visit 35 community sites. By the end of Q2, the OC will table at 6 community sites.
Outreach	Within 3 days after applying, 90% of participants will receive a contact (i.e., phone screening, email, text, and/or call).	For those interested in proceeding, 50% of participants will receive a virtual information session within 8 days after the first contact.	Of participants who attend the virtual information session, 75% will have a clinical intake scheduled within 10 days from the virtual information session.		By the end of Q3, the OC will have completed 4 workshops in the community. By the end of Q4, the OC will have visited 8 partners in the community.

Post Program Support

