

# Tribal Youth Diversion Grant – Cohort 2 | Quarterly Progress Report

## Grantee Information

Grantee:	BSCC Grant Award Number:
Project Title:	Date (mm/dd/yyyy):
Prepared by:	Phone:
Title:	Email:

**Current Reporting Quarter**

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Do you require any technical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the type of technical assistance needed:

## SECTION 1: General Project Overview

Please provide an update on your efforts in administering your project during the reporting period.

### 1.1 Expenditure Status

Please report the status of your grant expenditure as of the end of the reporting quarter.

a. Tribal Youth Diversion Grant Award Amount	
b. Amount Invoiced-to-Date (Sum of Quarterly Invoices)	
c. Percent of Award Invoiced to Date (Amount above ÷ Award Amount)	%
d. In relation to the overall grant budget, are Tribal Youth Diversion Grant funds being expended as planned and on schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please explain why, and describe any corrective actions needed.	

## 1.2 Project Inputs & Implementation

Please indicate the status of each of your project implementation activities below and provide a description of progress, accomplishments, and/or challenges your project has faced in the current reporting period. Please use the definitions below to respond to each category or mark “N/A” for any activity that does not apply to your project.

<b>Not Started</b> Have not yet been able to focus on project activity.	<b>Planning</b> Have started preparations and plans to begin implementing activity.	<b>Implementation Started</b> Your project has initiated implementing this component but it may not yet be fully developed and/or need refinement.	<b>Complete/Established</b> Project activity is fully in place/completed and supporting project goals.	<b>N/A</b> Does not apply to your project in particular.
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### a. Partnerships. Formal relationships between agencies, schools, and/or community organizations to support project goals.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A

Describe:

### b. Staffing and/or Volunteers. Hiring/securing people for positions needed to complete programming.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A

Describe:

### c. Training. Training provided to staff, law enforcement, community members, etc. to support project goals.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A

Describe:

### d. Identification, Outreach, & Enrollment Process. Process for identifying, conducting outreach, and enrolling youth into project intervention(s).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A

Describe:

### e. Evidence-based Programming. Intervention based on strategies that are culturally relevant and known to achieve positive youth outcomes.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A

Describe:

### f. Data Collection/Evaluation. Systematic and ongoing data collection to measure participation and evaluation measures.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A

Describe:

### g. Quality Assurance. Methods in place to ensure interventions are being delivered as intended, and with fidelity to the proposed model(s).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not started	Planning	Implementation Started	Complete/ Established	N/A

Describe:

### 1.3 Tribe-Identified Goals & Objectives

Enter the stated grant goals and objectives identified in your grant agreement (these will be the same across your grant period). Please provide updates for each goal/objective listed related to the report period.

<b>GOAL 1:</b>
Objective 1a.
Objective 1b.
Objective 1c.

- 1. Describe progress towards the stated goal and objectives during the reporting period.
- 2. Describe any challenges towards the stated goal and objectives during the reporting period.
- 3. If applicable, what steps were implemented to address challenges?

<b>GOAL 2:</b>
Objective 2a.
Objective 2b.
Objective 2c.

- 1. Describe progress towards the stated goal and objectives during the reporting period.
- 2. Describe any challenges towards the stated goal and objectives during the reporting period.
- 3. If applicable, what steps were implemented to address challenges?

**Tribe-Identified Goals & Objectives (cont.)**

<b>GOAL 3:</b>
Objective 3a.
Objective 3b.
Objective 3c.
a. Describe progress towards the stated goal and objectives during the reporting period.
b. Describe any challenges towards the stated goal and objectives during the reporting period.
c. If applicable, what steps were implemented to address challenges?

**1.4 Impact of COVID-19 Pandemic**

Please describe any effects COVID-19 and related public health directives (including social distancing, school closures, working from home, cancellation of social events, etc.) will have/have had on your ability to deliver your TYD project. What challenges will your project face and what steps will you implement to address those challenges?

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### 1.5 Description of Project

In this section we ask you to classify your project type, describe risk/needs assessments used, identify project activities, and tell us how you define when a participant has successfully completed your project. Many projects will report this information once, though they will have the opportunity to update this information as necessary throughout the grant period.

<p><b>a. Project Type</b> (Select all that apply) This is used to identify the point in which youth are diverted from the juvenile justice system to alternatives that are more appropriate for their needs.</p>	<p><input type="checkbox"/> Tribal Diversion  <input type="checkbox"/> School-based Diversion  <input type="checkbox"/> Pre-arrest Diversion  <input type="checkbox"/> Court Diversion  <input type="checkbox"/> Probation Diversion  <input type="checkbox"/> Family/Youth Self-Referral  <input type="checkbox"/> Other (describe):</p>	
<p><b>b. Risk /Needs Assessments Used</b> Describe assessment(s) used for identifying a youth’s level of risk and/or their needs.</p>	<p>Do you formally assess the youth entering your project? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, describe the assessment tool(s) used. If no, describe how youth needs are determined and/or your placement process:</p>	
<p><b>c. Youth Project Activities</b> Please select the activities that are elements of your project (check all that apply).</p>	<p>Academic support/tutoring                  Assessment of risk/needs                  Career counseling                  Cognitive Behavioral Therapy                  Cultural enrichment/education                  Family counseling                  Immersion retreats                  Mentoring (individuals or groups)                  Native cultural education in classrooms and events                  Parenting training                  Referral/Linkages to community-based support services</p>	<p>Referral/Linkages to mental health services                  Referral/Linkages to alcohol or drug services                  Referral/Linkages to any other services                  Trauma training                  Wellness training                  Workshops                  Tribal court                  Youth/Family support groups                  Other (describe):</p>
<p><b>d. How do you define “success” for youth in terms of these project activities?</b>                  Describe the measurable milestone of success your project uses to determine when a youth has successfully completed services (e.g. counseling, restorative justice activities, mentoring, etc.). Note that you will use this definition for identifying those youth who are “successfully exiting” your project when you complete Section 4. This definition could be an amount of time in pro-social activities, a dosage of services received, improvement in an outcome measure, or other definition specific to your project.</p>		

## SECTION 2: Native Cultural Education in Schools and Community Outreach

Report the project activities during the reporting period to increase cultural awareness and education among school children, school district staff, teachers, and members of the community, if applicable. If your project does not utilize school-based education and/or community outreach, leave this section blank.

	Total for this Quarter:
a) Native cultural education in classrooms	
1. # of students who attended the above education	
2. # of teachers who attended the above education	
3. # of other school district staff who attended the above education	
b) Native cultural education through events	
1. # of individuals potentially reached during the above events	

## SECTION 3: Youth Enrollment Quarterly Totals

Report the total number of youth entering and participating in your project during the reporting period.

### 3.1 Youth Referrals & Enrollments

Record the number of youth entering the project during the current reporting period. Each line should represent an unduplicated count of individuals. Line 1 should include all individual youth referred to the project. This should only count each individual one time, even if they were referred multiple times this quarter or during a previous quarter. Line b. should show the number of youth enrolling in the project for the FIRST TIME. Any reenrollments will be counted on lines c. and d. as needed. If any youth are recorded as a re-entry, please fill out Forms A and B as applicable.

	Total Youth this Quarter
a. Total Youth Referred to Project	
b. Total Youth Enrolling for the FIRST TIME	
c. Total Youth Enrolling for the SECOND TIME	
d. Total Youth Enrolling for the THIRD TIME OR MORE	

### 3.2 Youth Enrollments

In this section, report data for youth entering your project for the First Time, Second Time, and Third or More Times. If a youth has exited the project for any reason and returned, they are considered a “re-entry”. All data for youth re-entering the project will be recorded in the SECOND TIME Enrollments column or the THIRD OR MORE Enrollments Column below, as appropriate.

#### a. Point of Entry

Report information for individuals enrolling in the program during the current reporting period. For each enrollment cohort (first time, second time, and third or more), these totals should represent an unduplicated count for each line, though youth may be counted multiple times in different rows.

Entry into Services this Quarter	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
<b>1. Source of Referrals (into your services):</b>			
i. Probation			
ii. Court			
iii. Community Organization			
iv. School/Truancy			
v. Police/Law Enforcement			
vi. Service Referral			
vii. Self or Family Referral			
viii. Outreach			
ix. Other			
<b>2. Point of Youth Diversion:</b>			
i. No contact with law enforcement			
ii. Informal contact with law enforcement			
iii. Pre-adjudication			
iv. Post-adjudication			
v. Unknown			
Point of Youth Diversion TOTAL			
<b>3. Youth Participation Status:</b>			
i. Mandated			
ii. Voluntary			
iii. Unknown			
Youth Participation Status TOTAL			

#### b. Demographics of Participants at Enrollment

Record the demographics of youth entering the project during the current reporting period. The total number of FIRST TIME, SECOND TIME, and THIRD OR MORE Enrollments in each of the demographic tables below should equal the totals provided in the box in section 3.1 (lines b, c, and d) above.

1. Age Groups	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
a. 12 years or younger			
b. 13-17 years			
c. 18-24 years			
d. 25 years or older			
e. Unknown			
TOTAL			

<b>2. Gender Identity</b>	<b>FIRST TIME Enrollments</b>	<b>SECOND TIME Enrollments</b>	<b>THIRD OR MORE Enrollments</b>
a. Female			
b. Male			
c. Non-binary/3rd Gender			
d. Two-Spirit			
e. Prefer to Self-Define			
f. Prefer Not to State			
g. Other			
h. Unknown			
TOTAL			

<b>3. Race/Ethnicity</b>	<b>FIRST TIME Enrollments</b>	<b>SECOND TIME Enrollments</b>	<b>THIRD OR MORE Enrollments</b>
a. American Indian/Alaska Native			
b. Asian (Total)			
Chinese			
Japanese			
Filipino			
Korean			
Vietnamese			
Asian Indian			
Laotian			
Cambodian			
Other			
c. Black or African American			
d. Hispanic, Latino, or Spanish			
e. Middle Eastern/North African			
f. Native Hawaiian/Pacific Islander (Total)			
Native Hawaiian			
Guamanian			
Samoan			
Other			
g. White			
h. Other identified ethnic origin, ethnicity, or race			
i. Decline to state			
j. Multi-ethnic origin, ethnicity, or race that <b>includes</b> American Indian/Alaska Native			
k. Multi-ethnic origin, ethnicity, or race that <b>does not</b> include American Indian/Alaska Native			
l. Unknown			
TOTAL			



<b>4. Education Status</b>	<b>FIRST TIME Enrollments</b>	<b>SECOND TIME Enrollments</b>	<b>THIRD OR MORE Enrollments</b>
a. Enrolled in school (Total)			
Middle school/Junior high			
High School			
Other school/training			
b. Not enrolled in school (Total)			
High school diploma or GED			
Did not graduate			
Other			
c. Unknown/Did not collect			
TOTAL			

<b>5. Employment</b>	<b>FIRST TIME Enrollments</b>	<b>SECOND TIME Enrollments</b>	<b>THIRD OR MORE Enrollments</b>
a. Student – not looking for employment			
b. Employed – not looking for employment			
c. Employed – looking for additional/ other employment			
d. Not employed – looking for employment			
e. Other (not employed or a student, but not looking for employment due to disability, treatment, etc.)			
f. Unknown/Did not collect			
TOTAL			

<b>6. Housing Status</b>	<b>FIRST TIME Enrollments</b>	<b>SECOND TIME Enrollments</b>	<b>THIRD OR MORE Enrollments</b>
a. Living with original caregiver/parent/s			
b. Living independently			
c. Living with relatives (not in foster care)			
d. Living in out-of-home care through Child Welfare or Probation			
e. Living in Foster Care			
f. Living in a car, on the street, in an abandoned building, or in a tent			
g. Doubled up/couch surfing			
h. Other			
i. Unknown/Did not collect			
TOTAL			

<b>7. Risk Status</b>	<b>FIRST TIME Enrollments</b>	<b>SECOND TIME Enrollments</b>	<b>THIRD OR MORE Enrollments</b>
a. Low			
b. Moderate			
c. High			
d. Unknown/Did not collect			
TOTAL			

**c. Youth Participating in Project Services**

Record the total number of youth enrolled in your project who are participating in each activity during the reporting period. The same youth may be reported across multiple activities and quarters.

	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
1. Ongoing assessment of risk/needs			
2. Referral/linkage to community-based support services			
3. Referral/linkage to mental health services			
4. Referral/linkage to alcohol or drug services			
5. Referral/linkage to any other services			
6. Tribal court			
7. Academic support/tutoring			
8. Career counseling			
9. Cultural enrichment/education			
10. Cognitive Behavioral Therapy			
11. Immersion retreats			
12. Group mentoring			
13. Individual mentoring			
14. Trauma training			
15. Wellness training			
16. Workshops			
17. Other			

**SECTION 4: Youth Exited Quarterly Totals**

**4.1 Youth Exited During Quarter**

Report the total number of youth exiting your project during the reporting period.

**a. Total Youth Exited During Quarter**

Record the number of youth exiting during the current reporting period based on the number of times they entered your project.

1. From First Entry	
2. From Second Entry	
3. From Third or More Entries	

**b. Reasons for Youth Exit**

Record the number of youth who exited your project during the current reporting period. The values in each column should be a non-duplicated count, so the TOTAL lines should match the values on Lines a, b, and c (respectively) in the box in Section 4.1 above.

Reasons for youth exit	FIRST TIME Enrollments	SECOND TIME Enrollments	THIRD OR MORE Enrollments
1. Successful Completion			
2. Dropped Out/Lost Contact			
3. Non-Compliant (asked to leave)			
4. Arrest/Incarceration			
5. Services not appropriate for youth			
6. Other			
7. Did not collect			
TOTAL			

**c. Successful Exits**

Record the demographics of youth who are exiting the project as a **successful completion** during the current reporting period based on their enrollment category (FIRST TIME, SECOND TIME, or THIRD OR MORE). The TOTAL number of youth successfully exiting this quarter for each enrollment category in the demographic tables below should equal the corresponding cell in first row of section 4.1.b above, labelled “Successful Completion”.

1. Age Groups (at ENTRY)	FIRST TIME Enrollments Exiting this Quarter	SECOND TIME Enrollments Exiting this Quarter	THIRD OR MORE Enrollments Exiting this Quarter
a. 12 years or younger			
b. 13-17 years			
c. 18-24 years			
d. 25 years or older			
e. Unknown			
TOTAL			

2. Gender Identity (at ENTRY)	FIRST TIME Enrollments Exiting this Quarter	SECOND TIME Enrollments Exiting this Quarter	THIRD OR MORE Enrollments Exiting this Quarter
a. Female			
b. Male			
c. Non-binary/3rd Gender			
d. Two-Spirit			
e. Prefer to Self-Define			
f. Prefer Not to State			
g. Other			
h. Unknown			
TOTAL			

<b>3. Race/Ethnicity (at ENTRY)</b>	<b>FIRST TIME Enrollments Exiting this Quarter</b>	<b>SECOND TIME Enrollments Exiting this Quarter</b>	<b>THIRD OR MORE Enrollments Exiting this Quarter</b>
a. American Indian/Alaska Native			
b. Asian (Total)			
Chinese			
Japanese			
Filipino			
Korean			
Vietnamese			
Asian Indian			
Laotian			
Cambodian			
Other			
c. Black or African American			
d. Hispanic, Latino, or Spanish			
e. Middle Eastern/North African			
f. Native Hawaiian/Pacific Islander (Total)			
Native Hawaiian			
Guamanian			
Samoan			
Other			
g. White			
h. Other identified ethnic origin, ethnicity, or race			
i. Decline to state			
j. Multi-ethnic origin, ethnicity or race that <b>includes</b> American Indian/Alaska Native			
k. Multi-ethnic origin, ethnicity or race that <b>does not</b> include American Indian/Alaska Native			
l. Unknown			
TOTAL			

<b>4. Education Status (at ENTRY)</b>	<b>FIRST TIME Enrollments Exiting this Quarter</b>	<b>SECOND TIME Enrollments Exiting this Quarter</b>	<b>THIRD OR MORE Enrollments Exiting this Quarter</b>
a. Enrolled in school (Total)			
Middle school/Junior high			
High School			
Other school/training			
b. Not enrolled in school (Total)			
High school diploma or GED			
Did not graduate			
Other (describe)			
c. Unknown/Did not Collect			
TOTAL			

<b>5. Employment (at ENTRY)</b>	<b>FIRST TIME Enrollments Exiting this Quarter</b>	<b>SECOND TIME Enrollments Exiting this Quarter</b>	<b>THIRD OR MORE Enrollments Exiting this Quarter</b>
a. Student – not looking for employment			
b. Employed – not looking for employment			
c. Employed – looking for additional/ other employment			
d. Not employed – looking for employment			
e. Other (not employed or a student, but not looking for employment due to disability, treatment, etc.)			
f. Unknown/Did not collect			
TOTAL			

<b>6. Housing Status (at ENTRY)</b>	<b>FIRST TIME Enrollments Exiting this Quarter</b>	<b>SECOND TIME Enrollments Exiting this Quarter</b>	<b>THIRD OR MORE Enrollments Exiting this Quarter</b>
a. Living with original caregiver/parent/s			
b. Living independently			
c. Living with relatives (not in foster care)			
d. Living in out-of-home care through Child Welfare or Probation			
e. Living in Foster Care			
f. Living in a car, on the street, in an abandoned building, or in a tent			
g. Doubled up/couch surfing			
h. Other			
i. Unknown/Did not collect			
TOTAL			

<b>7. Risk Status (at ENTRY)</b>	<b>FIRST TIME Enrollments Exiting this Quarter</b>	<b>SECOND TIME Enrollments Exiting this Quarter</b>	<b>THIRD OR MORE Enrollments Exiting this Quarter</b>
a. Low			
b. Moderate			
c. High			
d. Unknown/Did not collect			
TOTAL			

**d. Youth Outcomes**

Of the total number of youths who **successfully exited** during this reporting period (line labelled “Successful Completion” in section 4.2.1 above), enter the total number of youth who demonstrated the positive outcomes listed below as applicable for your project plan/goal(s) for those youth. Note that individual youth should only be reported once per cell (with the exception of youth who enrolled in the project more than three times), during the entire grant. This allows for tracking the total number of youth with positive outcomes. Youth may be reported in multiple outcomes (e.g., a youth may have improved academic performance, school attendance, cultural identity and no contact with the justice system) and in multiple enrollment categories (FIRST TIME, SECOND TIME, or THIRD TIME OR MORE). The value in each cell should not exceed the value entered for the corresponding enrollment category of line 1 in box 4.1.b above.

<b>Outcomes</b>	<b>FIRST TIME Enrollments Exiting this Quarter</b>	<b>SECOND TIME Enrollments Exiting this Quarter</b>	<b>THIRD OR MORE Enrollments Exiting this Quarter</b>
1. # of youth with reduced assessed risk status			
2. # of youth with improved mental health status			
3. # of youth with improved family or caretaker support/relationships			
4. # of youth with reduced quantity or frequency of substance use			
5. # of youth without contact with the justice system			
6. # of youth who improved school attendance			
7. # of participants who improved academic performance			
8. # of participants with improved school behavior (e.g. fewer suspensions, expulsions, etc.)			
9. # of participants with improved employment status			
10. # of participants with improved housing status			
11. # of AI youth with improved cultural awareness/identity			
12. Other:			

**Save your completed form with the reporting quarter and your grantee name:  
C2Y1Q1-GranteeName**

**Send your saved form as an attachment to:  
TribalYouthDiversion@bscc.ca.gov**

**Questions or need help completing the form?  
Please contact the BSCC at:  
TribalYouthDiversion@bscc.ca.gov**

**END OF FORM**