|  |
| --- |
| **SECTION 1: PROJECT INFROMATION** |
| **GRANTEE NAME:** Centinela Youth Services  |
| **PROJECT TITLE:** Centinela Youth Services Violence Intervention and Prevention Project |
| **AGREEMENT NUMBER:** 849-17 | **AWARD TOTAL:** $500,000 |
| **REPORTING PERIOD (check applicable period):** |
| [ ]  **5/1/18- 9/30/18** **Due: 11/15/18** | [ ]  **10/1/18- 12/31/18** **Due: 2/15/19** | [ ]  **1/1/19- 3/31/19** **Due: 5/15/19** | [x]  **4/1/19- 6/30/19**  **Due: 8/15/19** |
| [ ]  **7/1/19- 9/30/19** **Due: 11/15/19** | [ ]  **10/1/19- 12/31/19** **Due: 2/15/20** | [ ]  **1/1/20- 4/30/20** **Due: 6/15/20** |  |

|  |
| --- |
| **SECTION 2: GOALS AND OBJECTIVES** |
| This section lists the goals and objectives contained in the original proposal. It is intended to capture your progress toward implementation of each objective, answering questions like: *Are the necessary staff in place? Are referrals coming at the rate you thought they would? Have services been implemented? Are classes being held? Have staff received training? Are pre- and post-tests being administered consistently? Is the evaluator who will measure this outcome in place? Is the evaluator meeting regularly with partners? Are data collection agreements in place?* This is the not the place to report numerical data; that will be captured on Part 2 of the Progress Report. Provide clear and complete narrative responses, specific to this reporting period. |

|  |  |
| --- | --- |
| **Goal (1)**  | Provide assessment-based services that divert high-risk youth from criminal justice system involvement and/or school exclusion as a result of violent and/or violence -linked offenses and prevent subsequent re-offenses.  |
| **Objectives:** | 1. Twelve months after initial referral, at least 85 percent of youth who complete diversion services will not have been arrested, expelled or removed to continuation school.
 |
| 1. At least 70 percent of youth receiving diversion services will show an average decrease of at least 35 percent in Youth Level of Service/Case Management Inventory (YLS/CMI) risk indicator scores upon completion of the program.
 |
| 1. | Describe progress toward objectives A-B: | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | (Type Response Here) |

|  |  |
| --- | --- |
| **Goal (2)**  | To prevent and reduce escalation in violent or destructive behaviors of high-risk youth.  |
| **Objectives:** | 1. Twelve months after initial referral to Restorative Case Conferencing (RCC), at least 85 percent of youth will not have been expelled or arrested.
 |
| 1. At least 70 percent of youth participating in RCCs will show an average decrease of at least 35 percent in YLS/CMI risk indicator scores upon completion of the program.
 |
| 1. | Describe progress toward objectives A-B: | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | (Type Response Here) |

|  |  |
| --- | --- |
| **Goal (3)**  | To evaluate the impact of services on reducing risk factors linked to violence among high-risk youth. |
| **Objectives:** | 1. Comparison of YLS/CMI assessments will confirm that youth who complete diversion and/or RCC services will have reduced risk factor scores in at least one (1) domain as compared to youth in the comparison group.
 |
| 1. Parents and teachers will report a reduction in at least one (1) indicator of violence-linked behaviors or negative attitudes of youth who complete the program as compared to parents and teachers of youth in the comparison group.
 |
| 1. | Describe progress toward objectives A-B: | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | (Type Response Here) |

|  |
| --- |
| **SECTION 3: NARRATIVE QUESTIONS** |
| This section asks common questions of all CalVIP grantees. Provide clear and complete responses, specific to this reporting period, to each question below.  |

1. **In relation to the overall budget, are grant funds being expended as planned and on schedule?**

[ ]  Yes [ ]  No

1. **If no, explain why and describe the plan to correct it.**

1. **In relation to the overall grant budget, are match funds being expended as planned and on schedule?**

[ ]  Yes [ ]  No

1. **If no, explain why and describe the plan to correct it.**

1. **Are all grant-funded positions filled (includes the lead agency and any contracted agencies)?**

[ ]  Yes [ ]  No

1. **If no, which grant funded positions are unfilled, why, and what is the timeline to fill them?**

1. **How did your project ensure services are provided to the target population, as specified in the original proposal?**

1. **What quality assurance methods are in place to ensure all programs/services are delivered as intended and with fidelity to the approaches described in the original proposal?**

1. **If applicable, describe any grant-funded trainings occurring during the reporting period. Include the date(s), number of attendees and list of participating agencies.**

1. **Describe at least one grant-funded accomplishment during this reporting period.**

1. **Describe any significant grant-funded activities occurring in the next reporting period (e.g. trainings, community events, etc.).**

|  |
| --- |
| **SECTION 4: OTHER/TECHNICAL ASSISTANCE** |
| This section allows grantees to include information not captured in other sections and to request technical assistance. |

1. **Would you like to request technical assistance? Please check one:**

[ ]  Yes [ ]  No

1. **If yes, describe the nature of the request:**

1. **Provide any additional information (not already covered in other sections) that you think is important to share with BSCC, including media coverage, awards or recognition, special events, etc.**

|  |
| --- |
| **REPORT SUBMISSION** |
| **PREPARED BY:**       | **TITLE:**       |
| **EMAIL:**       | **TELEPHONE NUMBER:**       |
| **DATE SUBMITTED:**       | **DATE RECEIVED:**       |
| **BSCC CONTACT INFORMATION** |
| Please email **Parts 1 and 2** to CalVIP@bscc.ca.gov. For questions please contact Angela Ardisana at (916) 323-8580 or [angela.ardisana@bscc.ca.gov](angela.ardisana%40bscc.ca.gov). |