

# YOUTH REINVESTMENT GRANT

## Quarterly Progress Report

### YEAR 2: Quarter 2

Reporting Period: October 1<sup>st</sup>, 2021 through December 31<sup>st</sup>, 2021  
QPR Due: February 15<sup>th</sup>, 2022 | YouthReinvestmentGrant@bscc.ca.gov

## GRANTEE INFORMATION

Grantee:	Date Submitted:
Project Title:	BSCC Grant Award Number:
Prepared by:	Phone:
Title:	Email:

## SECTION 1: QUARTERLY GRANT STATUS

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

Do you require any technical assistance?  Yes  No If yes, please describe the type of technical assistance needed:

### 1.1 Expenditure Status

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

a. Youth Reinvestment Grant Award Amount	\$
b. Amount Invoiced-to-Date (Sum of Quarterly Invoices)	\$
c. Calculated Percent of Award Invoiced to Date (Amount above ÷ Award Amount)	%
d. In relation to the overall grant budget, are Youth Reinvestment Grant funds being expended as planned and on schedule?	Yes 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. Provide a description of progress during the reporting period and any challenges or plans that you are implementing. Please mark "N/A" for any activity that does not apply to your project.

### Implementation Status

- |  |  |
|--|--|
| <p>1. Not Started = Your project has not yet focused on implementing this project component.</p> <p>2. Planning Phase = Your project has started preparations and plans to design and implement this component.</p> <p>3. Implementation Started = Your project has initiated implementing this component, but may not be fully developed and/or will need refinement.</p> | <p>4. Complete/Established = The project component is fully in place/completed and supporting project goals.</p> <p>5. N/A = Does not apply to your project in particular.</p> |
|--|--|

<b>a. Partnerships.</b> Formal relationships between agencies, schools, and/or community organizations to support project goals.
<input type="checkbox"/> 1. Not Started <input type="checkbox"/> 2. Planning Phase <input type="checkbox"/> 3. Implementation Started <input type="checkbox"/> 4. Complete/ Established <input type="checkbox"/> 5. N/A
Describe:
<b>b. Staffing and/or Volunteers.</b> Hiring/securing people for positions needed to complete project services.
<input type="checkbox"/> 1. Not Started <input type="checkbox"/> 2. Planning Phase <input type="checkbox"/> 3. Implementation Started <input type="checkbox"/> 4. Complete/ Established <input type="checkbox"/> 5. N/A
Describe:
<b>c. Training.</b> Training provided to staff, law enforcement, community members, etc. to support project goals.
<input type="checkbox"/> 1. Not Started <input type="checkbox"/> 2. Planning Phase <input type="checkbox"/> 3. Implementation Started <input type="checkbox"/> 4. Complete/ Established <input type="checkbox"/> 5. N/A
Describe:
<b>d. Identification, Outreach, &amp; Enrollment Process.</b> Process for identifying, conducting outreach, and enrolling youth into project services.
<input type="checkbox"/> 1. Not Started <input type="checkbox"/> 2. Planning Phase <input type="checkbox"/> 3. Implementation Started <input type="checkbox"/> 4. Complete/ Established <input type="checkbox"/> 5. N/A
Describe:
<b>e. Evidence-based Practices.</b> Project intervention(s) based on strategies known to achieve positive youth outcomes.
<input type="checkbox"/> 1. Not Started <input type="checkbox"/> 2. Planning Phase <input type="checkbox"/> 3. Implementation Started <input type="checkbox"/> 4. Complete/ Established <input type="checkbox"/> 5. N/A
Describe:
<b>f. Data Collection/Evaluation.</b> Systematic and ongoing data collection to measure participation and evaluation measures.
<input type="checkbox"/> 1. Not Started <input type="checkbox"/> 2. Planning Phase <input type="checkbox"/> 3. Implementation Started <input type="checkbox"/> 4. Complete/ Established <input type="checkbox"/> 5. N/A
Describe:
<b>g. Quality Assurance.</b> Methods in place to ensure project services are being delivered as intended, and with fidelity to evidence-based model(s).
<input type="checkbox"/> 1. Not Started <input type="checkbox"/> 2. Planning Phase <input type="checkbox"/> 3. Implementation Started <input type="checkbox"/> 4. Complete/ Established <input type="checkbox"/> 5. N/A
Describe:

## 1.3 Status of Grant Agreement Goals & Objectives

Enter the 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 reporting 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?

<b>GOAL 3</b>
Objective 3a.
Objective 3b.
Objective 3c.
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?

### 1.4 Impact of Covid-19 Pandemic

Please explain any effects Covid-19 and related public health directives (including social distancing, working from home, cancellation of social events, etc.) will have on your ability to deliver your YRG project. What challenges will your project face and what steps have or will you implement to address those challenges?

# SECTION 2: STATEWIDE EVALUATION REPORTING

## 2.1 Description of Grantee Project

This section is for you to describe your project type and the services you will provide to youth. We also ask you to describe what “successful completion of services” means in terms of youth participating in your project. For most grantees, the information on this page will stay the same throughout your grant.

<b>a. Project Type</b> (Select all that apply)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Pre-arrest Diversion</td> <td style="width: 33%;"><input type="checkbox"/> Police Diversion</td> <td style="width: 33%;"><input type="checkbox"/> Community Assessment Diversion</td> </tr> <tr> <td><input type="checkbox"/> Probation Diversion</td> <td><input type="checkbox"/> Court Diversion</td> <td><input type="checkbox"/> Service Referral Diversion</td> </tr> <tr> <td><input type="checkbox"/> Community-Led Diversion</td> <td><input type="checkbox"/> Restorative Justice Diversion</td> <td><input type="checkbox"/> Other (describe): _____</td> </tr> </table>	<input type="checkbox"/> Pre-arrest Diversion	<input type="checkbox"/> Police Diversion	<input type="checkbox"/> Community Assessment Diversion	<input type="checkbox"/> Probation Diversion	<input type="checkbox"/> Court Diversion	<input type="checkbox"/> Service Referral Diversion	<input type="checkbox"/> Community-Led Diversion	<input type="checkbox"/> Restorative Justice Diversion	<input type="checkbox"/> Other (describe): _____			
<input type="checkbox"/> Pre-arrest Diversion	<input type="checkbox"/> Police Diversion	<input type="checkbox"/> Community Assessment Diversion										
<input type="checkbox"/> Probation Diversion	<input type="checkbox"/> Court Diversion	<input type="checkbox"/> Service Referral Diversion										
<input type="checkbox"/> Community-Led Diversion	<input type="checkbox"/> Restorative Justice Diversion	<input type="checkbox"/> Other (describe): _____										
<b>b. Placement Criteria &amp; Assessment</b>												
<p>i. Describe process or criteria used for identifying a youth’s eligibility for enrollment.</p>												
<p>ii. Are youth enrolling in your project formally assessed by either your project, a project partner, or a referring agency in terms of identifying their specific needs? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><u>If yes</u>, please identify the assessment used. <u>If no</u>, describe how youth needs/services are determined after they are enrolled in your project:</p>												
<b>c. Youth Services</b>												
<p>Please select the primary services provided to youth as a part of your project. (Select all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Assessment of risk/needs</td> <td style="width: 50%;"><input type="checkbox"/> Pro-social activities</td> </tr> <tr> <td><input type="checkbox"/> Referral/linkages to mental health services</td> <td><input type="checkbox"/> Educational support</td> </tr> <tr> <td><input type="checkbox"/> Referral/linkages to drug and alcohol services</td> <td><input type="checkbox"/> Mentoring</td> </tr> <tr> <td><input type="checkbox"/> Referral/linkages to any other services</td> <td><input type="checkbox"/> Vocational training/placement</td> </tr> <tr> <td><input type="checkbox"/> Restorative justice activities</td> <td><input type="checkbox"/> Other (describe): _____</td> </tr> <tr> <td><input type="checkbox"/> Group/individual counseling</td> <td><input type="checkbox"/> Other (describe): _____</td> </tr> </table>	<input type="checkbox"/> Assessment of risk/needs	<input type="checkbox"/> Pro-social activities	<input type="checkbox"/> Referral/linkages to mental health services	<input type="checkbox"/> Educational support	<input type="checkbox"/> Referral/linkages to drug and alcohol services	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Referral/linkages to any other services	<input type="checkbox"/> Vocational training/placement	<input type="checkbox"/> Restorative justice activities	<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Group/individual counseling	<input type="checkbox"/> Other (describe): _____
<input type="checkbox"/> Assessment of risk/needs	<input type="checkbox"/> Pro-social activities											
<input type="checkbox"/> Referral/linkages to mental health services	<input type="checkbox"/> Educational support											
<input type="checkbox"/> Referral/linkages to drug and alcohol services	<input type="checkbox"/> Mentoring											
<input type="checkbox"/> Referral/linkages to any other services	<input type="checkbox"/> Vocational training/placement											
<input type="checkbox"/> Restorative justice activities	<input type="checkbox"/> Other (describe): _____											
<input type="checkbox"/> Group/individual counseling	<input type="checkbox"/> Other (describe): _____											
<b>d. Successful Completion of Services - please see QPR guide for more information on this section</b>												
<p>The purpose of this question is for grantees to identify the level of participation for youth to finish or complete your program services. Your definition of “successful completion of services” should be limited to a measure of program participation or program “dosage”. Please define a minimum amount of time, the number of sessions, or other measures of program participation, that youth are expected to complete in order to reasonably gain benefits from your program activities. For example, “10 mentor sessions”, “one school year” or “six counseling meetings.”</p>												

## 2.2 Youth Participant Reporting

This section is for you to report how many youth enter your project, receive services, and/or exit during the reporting period. For the purposes of the QPR reporting, “enrollment” is defined as youth entering into services for the first time (i.e., youth can only be “enrolled” once).

Youth who re-start services in the current reporting period are considered “re-entry”, if they have been reported in a previous QPR as exited. Report re-entry youth based on whether this is their 2<sup>nd</sup> or 3<sup>rd</sup> time (or more) restarting services. Likewise, when reporting those youth exiting during the reporting period, please break out the totals for youth exiting services for the 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> (or more) time.

### A. YOUTH ENROLLMENT & RE-ENTRY

Entry into Services	All Entries	1 <sup>st</sup> Time Enrolled	2 <sup>nd</sup> Time Entry	3 <sup>rd</sup> Time Entry
1. Total entries into project this period				
2. Total referrals into your services (source)				
a. Probation				
b. Court				
c. Community Organization				
d. School/Truancy				
e. Police/Law Enforcement				
f. Restorative Justice				
g. Service Referral				
h. Self or Family Referral				
i. Outreach				
j. Other				
3. Point of youth diversion (total)				
a. No contact with law enforcement				
b. Informal contact with law enforcement				
c. Pre-adjudication				
d. Post-adjudication				
e. Unknown				
4. Youth participation status (total)				
a. Mandated				
b. Voluntary				
c. Unknown				

**Reminder:**

Total entries for All, 1st, 2nd, and 3rd Time Entries should be the same for each section on pages 5-8.

Begin entering data on line 2a.

## B. YOUTH DEMOGRAPHICS and PROFILES at ENTRY

Record the demographics of youth when they enroll in or re-enter your project.

1. Age Groups	All Entries	1st Time Enrolled	2nd Time Entry	3rd Time Entry
a. 12 years or younger				
b. 13-17 years				
c. 18-24 years				
d. 25 years or older				
e. Unknown/Did not collect				
TOTAL				

2. Gender	All Entries	1st Time Enrolled	2nd Time Entry	3rd Time Entry
a. Female				
b. Male				
c. Trans female				
d. Trans male				
e. Genderqueer/Non binary				
f. Other				
g. Unknown/Did not collect				
TOTAL				

3. Race/Ethnicity	All Entries	1 <sup>st</sup> Time Enrolled	2 <sup>nd</sup> Time Entry	3 <sup>rd</sup> Time Entry
a. American Indian/Alaska Native				
b. Asian (Total)				
<i>Asian: Chinese</i>				
<i>Asian: Japanese</i>				
<i>Asian: Filipino</i>				
<i>Asian: Korean</i>				
<i>Asian: Vietnamese</i>				
<i>Asian: Asian Indian</i>				
<i>Asian: Laotian</i>				
<i>Asian: Cambodian</i>				
<i>Asian: Other</i>				
c. Black or African American				
d. Hispanic, Latino, or Spanish				
e. Middle Eastern/North African				
f. Native Hawaiian/Pacific Islander (Total)				
<i>NH/PI: Native Hawaiian</i>				
<i>NH/PI: Guamanian</i>				
<i>NH/PI: Samoan</i>				
<i>NH/PI: Other</i>				
g. White				
h. Other identified ethnic origin, ethnicity, or race				
i. Multi-ethnic origin, ethnicity or race				
j. Decline to state				
k. Unknown/Did not collect				
TOTAL				

**B. YOUTH DEMOGRAPHICS and PROFILES at ENTRY (continued)**

4. Education Status	All Entries	1st Time Enrolled	2nd Time Entry	3rd Time Entry
a. Enrolled in school (Total)				
<i>Middle school/Junior high</i>				
<i>High school</i>				
<i>Other school/training</i>				
b. Not enrolled in school (Total)				
<i>High school diploma or GED</i>				
<i>Did not graduate</i>				
<i>Other</i>				
c. Unknown/Did not collect				
TOTAL				

5. Employment Status	All Entries	1st Time Enrolled	2nd Time Entry	3rd Time Entry
a. Student   <i>not looking for employment</i>				
b. Employed   <i>not looking for employment</i>				
c. Employed   <i>looking for additional/other employment</i>				
d. Not employed   <i>looking for employment</i>				
e. Other   <i>not employed, not in school but not looking for employment due to treatment, disability, etc.</i>				
f. Unknown/Did not collect				
TOTAL				

6. Housing Status	All Entries	1st Time Enrolled	2nd Time Entry	3rd Time Entry
a. Living with 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, an abandoned building, or tent				
g. Doubled up/couch surfing				
h. Other				
i. Unknown/did not collect				
TOTAL				

7. Assessed Risk Status*	All Entries	1st Time Enrolled	2nd Time Entry	3rd Time Entry
a. Low				
b. Medium				
c. High				
d. Not Assessed				
e. Other				
TOTAL				

\*It is recommended but not required that grantees assess risk status with a standardized testing instrument.

## C. ENROLLED YOUTH PARTICIPATION in SERVICES

### C1. Enrolled Youth Participation during Reporting Period

Record the total number of youth participating in each relevant service during the reporting period, based on their enrollment/entry status (please only report enrolled youth). Youth exiting during the reporting period should also be included in the total if they were actively participating any time during the quarter (e.g., end of the semester, project cycle). The same youth can be reported across different services. The purpose of this table is to provide a ‘snap-shot’ of the youth participation by service type during the reporting period.

Youth Services (enrolled youth only)	All Entries	1st Time Enrolled	2nd Time Entry	3rd Time Entry
a. Assessment of risk/needs				
b. Referral/linkages to mental health services				
c. Referral/linkages to drug and alcohol services				
d. Referral/linkages to any other services				
e. Restorative justice activities				
f. Group/individual counseling				
g. Pro-social activities				
h. Educational support				
i. Mentoring				
j. Vocational training/placement				
k. Other:				
l. Other:				

### C2. Annual Participation [Reported only in Quarter 4 - EXAMPLE ONLY]

Record the total number of youth who participated in each service during at least one quarter in the grant year. This total should be an unduplicated number of youth for each service (for example, if a youth received Educational Support in Q1 through Q4, this youth should only be counted once in the Educational Support annual total).

Annual Participation	Total Youth		Total Youth
a. Assessment of risk/needs		g. Pro-social activities	
b. Referral/linkages to mental health services		h. Educational support	
c. Referral/linkages to drug and alcohol services		i. Mentoring	
d. Referral/linkages to any other services		j. Vocational training/placement	
e. Restorative justice activities		k. Other:	
f. Group/individual counseling		l. Other:	

## D. EXITING YOUTH

Please record the total number of youth that formally exited your project during the reporting period. Then, please specify which of those youth exited for the first time and which were exiting the 2<sup>nd</sup> or 3<sup>rd</sup> time. For youth that have exited four or more times, please report each subsequent exit as an additional 3<sup>rd</sup> time exit. For row a. Successful Completion\*, please only report youth that met your criteria for Successful Completion of Services (Page 5, Section 2.1, Box D).

Exits during Reporting Period	All Exits	1 <sup>st</sup> Time Exits	2 <sup>nd</sup> Time Exits	3 <sup>rd</sup> Time Exits
1. Total youth exited during period				
<b>a. Successful Completion*</b>				
b. Dropped Out/Lost Contact				
c. Non-compliant (asked to leave)				
d. Arrest/incarceration				
e. Services not appropriate for youth				
f. Other				
g. Did not collect				

**Reminder:**  
Please only report demographics for youths who successfully completed your project in the following section. Totals for the following section should match a. Successful Completion to the right.

## E. SUCCESSFULLY EXITING YOUTH DEMOGRAPHICS (please read carefully)

\*Please only report demographic information for youth that successfully exited your program. The totals in these final tables should be the same number you reported for a. Successful Completion above.

1. Age (at time of entry)	All Exits	1st Time Exits	2nd Time Exits	3rd Time Exits
a. 12 years or younger				
b. 13-17 years				
c. 18-24 years				
d. 25 years or older				
e. Unknown/Did not collect				
TOTAL				

2. Gender	All Exits	1st Time Exits	2nd Time Exits	3rd Time Exits
a. Female				
b. Male				
c. Trans female				
d. Trans male				
e. Genderqueer/Non binary				
f. Other				
g. Unknown/Did not collect				
TOTAL				

**E. SUCCESSFULLY EXITING YOUTH DEMOGRAPHICS (continued)**

<b>3. Race</b>	All Exits	1 <sup>st</sup> Time Exits	2 <sup>nd</sup> Time Exits	3 <sup>rd</sup> Time Exits
a. American Indian/Alaska Native				
b. Asian (Total)				
<i>Asian: Chinese</i>				
<i>Asian: Japanese</i>				
<i>Asian: Filipino</i>				
<i>Asian: Korean</i>				
<i>Asian: Vietnamese</i>				
<i>Asian: Asian Indian</i>				
<i>Asian: Laotian</i>				
<i>Asian: Cambodian</i>				
<i>Asian: Other</i>				
c. Black or African American				
d. Hispanic, Latino, or Spanish				
e. Middle Eastern/North African				
f. Native Hawaiian/Pacific Islander (Total)				
<i>NH/PI: Native Hawaiian</i>				
<i>NH/PI: Guamanian</i>				
<i>NH/PI: Samoan</i>				
<i>NH/PI: Other</i>				
g. White				
h. Other identified ethnic origin, ethnicity, or race				
i. Multi-ethnic origin, ethnicity or race				
j. Decline to state				
k. Unknown/Did not collect				
TOTAL				

## 2.3 Successfully Exiting Youth Outcomes

Please record the total number of youth who successfully exited (a. Successful Completion\*) this reporting period AND demonstrated positive changes. More than one outcome may be reported for an individual youth, as appropriate. Please note that you should only report a measurable positive change for any outcome category. Those youth for whom the outcome was not measured, or who did not show a measurable positive change, should not be included in the totals. For example, if a youth enters and exits your project with a stable housing situation, it is not appropriate to report a positive outcome for this youth in terms of housing status. Outcomes reported should be relevant to both the youth and the services provided.

Project Outcomes (# of youth)	All Exits	1 <sup>st</sup> Time Exits	2 <sup>nd</sup> Time Exits	3 <sup>rd</sup> Time Exits
a. Youth exiting with <b>reduced assessed risk status.</b>				
b. Youth exiting with <b>improved mental health status.</b>				
c. Youth exiting with <b>improved substance abuse status.</b>				
d. Youth exiting with <b>positive youth development outcomes.</b>				
e. Youth exiting with <b>positive restorative justice outcomes.</b>				
f. Youth exiting with <b>improved educational outcomes.</b>				
g. Youth exiting with <b>improved vocational outcomes.</b>				
h. Youth exiting with <b>improved housing status.</b>				
i. Youth exiting with <b>no contact with the criminal justice system.</b>				
j. Other:				
k. Other:				

**Save your completed form with the reporting quarter**

**and your grantee name, like this:**

**Y2Q2-GranteeName**

**Send your saved form as an attachment to:**

**YouthReinvestmentGrant@bscc.ca.gov**

**Questions or need help completing the form?**

**Contact the Institute for Social Research at YRGeval@csus.edu**