**Mobile Probation Service Centers Grant Program | 3rd Annual Progress Report**

 **PLEASE REVIEW CAREFULLY**

Before completing this report, please review the MPSC Grant Program[*Data Reporting Overview*](https://www.bscc.ca.gov/wp-content/uploads/2024/01/MPSC-Data-Reporting-Overview-January-2024.pdf). The *Data Reporting Overview* provides due dates and reporting periods, a description of the progress reports, and a data dictionary with data compilation guidance when necessary.

**Grantee Information**

1. Grantee: Click or tap here to enter text.

# Section A: Implementation During the Reporting Period

1. **Location of use?**

Select the physical locations where the MPSC(s) were used. Select all that apply.

[ ]  business park(s)

[ ]  community-based organization(s)

[ ]  county/city building/office(s)

[ ]  county jail(s)

[ ]  county courthouse(s)

[ ]  community center(s)

[ ]  community event(s)

[ ]  church(es)

[ ]  fire station(s)

[ ]  home visits (probationers’ homes)

[ ]  homeless encampment(s)

[ ]  homeless shelter(s)

[ ]  housing complex(es)

[ ]  library branch(es)

[ ]  park(s)

[ ]  police station(s)/substation(s)

[ ]  public area(s)

[ ]  RV park(s)

[ ]  sheriff station(s)/substation(s)

[ ]  Tribal court(s)

[ ]  Tribal office(s)

[ ]  other (describe below):

If other was selected, describe the physical location(s):

Use this text box to provide your description.

1. **Formal operational agreement(s)?**

Select agencies from the list below with which a formal memorandum of understanding (MOU) or operational agreement has been established to provide services to individuals using the MPSC(s) [i.e., staff from the following agencies accompany the probation officers with the MPSC(s).]. Select all that apply.

[ ]  city police department(s)

[ ]  community-based organization(s) (describe below)

[ ]  county animal control

[ ]  county behavioral health services dept.

[ ]  county child support services

[ ]  county district attorney’s office

[ ]  county employment and social services

[ ]  county health and human services

[ ]  county housing authority

[ ]  county office of education

[ ]  county public defender

[ ]  county public health dept.

[ ]  county sheriff dept.

[ ]  county superior court

[ ]  county social services

[ ]  county veteran services office

[ ]  department of motor vehicles

[ ]  health care provider(s)

[ ]  tribal court

[ ]  tribal police

[ ]  n/a

[ ]  other (describe below):

If other and/or community-based organization(s) was/were selected, describe the formal MOU(s) or operational agreement(s):

Use this text box to provide your description.

1. **Services offered?**

Select the services from the list below that were available to individuals directly through the MPSC(s). Select ONLY those services that were provided either directly by probation officers traveling with the MPSC, staff of partner agencies traveling with the MPSC, or through virtual or remote connections made possible by the staff and technology available within the MPSC(s). The intent is to capture only those services that were provided to individuals on site at the location of the MPSC rather than services they were referred to and had to go to another location or entity to actually receive. Select all that apply.

[ ]  basic needs (e.g., clothing, toiletries, blankets)

[ ]  charging stations

[ ]  classes

[ ]  counseling

[ ]  drug/alcohol testing

[ ]  food access

[ ]  housing-related support

[ ]  legal services

[ ]  mental health screening

[ ]  opioid antagonists (e.g., Narcan)

[ ]  probation office visits

[ ]  public assistance programs

[ ]  risk/need assessment

[ ]  remote court hearing

[ ]  substance use screening

[ ]  transportation assistance

[ ]  wifi/internet connectivity

[ ]  other (describe below):

If other was selected, describe the service(s):

Use this text box to provide your description.

1. **Challenges.**

Describe any challenges encountered while implementing this project during the reporting period as well as any efforts to address the challenges.

Use this text box to provide your description.

1. **Project Highlights.**

Describe any project highlights and/or accomplishments that occurred during the reporting period. These may include but are not limited to highlights focusing on activity success, specific probationer success stories, or reaching certain project milestones. If probationer stories are shared, for privacy purposes DO NOT include identifying information.

Use this text box to provide your description.

# Section B: Annual Data for the Reporting Period

# Number Mobile Probation Service Centers on June 30, 2026

1. How many MPSC(s) were in operation on June 30, 2026?

Use this dropdown menu to select the number in operation.

# Probation and Target Population on June 30, 2026

1. How many individuals were on active, formal supervision on June 30, 2026?

Use this box to provide the count.

1. Of those who were on active, formal supervision on June 30, 2026, how many were homeless?This count should be a subset of those reported in B.2 above.

Use this box to provide the count.

1. Which homeless definition was used for B.3 above?

Identify whether the homeless definition provided or a department specific definition was used (see the *Data Reporting Overview for detailed information)*.If a Department Specific Definition was used, please use the text box below to provide the definition.

[ ]  Homeless Definition Provided

[ ]  Department Specific Definition. Please provide below:

Use this text box to provide the Department Specific Definition of Homeless.

# Demographics of the Target Population on June 30, 2026

**Important note:** For each table in this section, the sum of the reported values (TOTAL provided in the last row) should equal the number provided in B.3 above.

|  |  |
| --- | --- |
| 1. **Risk Level.** Specify the populations’ risk to reoffend as determined by a validated, criminogenic risk assessment (e.g., COMPAS, ORAS, LS/CMI).
 | **Target Population**(B.3 above) |
| a. low | Enter here |
| b. moderate | Enter here |
| c. high | Enter here |
| d. unknown/did not collect | Enter here |
| **Risk Level TOTAL** | Enter here |
| 5a.Report the name of the validated, criminogenic risk assessment tool used to determine the risk level. | Enter here |

|  |  |
| --- | --- |
| 1. **Gender Identity.** Specify the populations’ self-reported gender identity.
 | **Target Population**(B.3 above) |
| a. woman | Enter here |
| b. man | Enter here |
| c. transgender woman | Enter here |
| d. transgender man | Enter here |
| e. gender non-binary | Enter here |
| f. two-spirit | Enter here |
| g. prefer to self-define or questioning | Enter here |
| h. decline to state | Enter here |
| i. other | Enter here |
| g. unknown/did not collect | Enter here |
| **Gender Identity TOTAL** | Enter here |

|  |  |
| --- | --- |
| 1. **Age.** Indicate the populations’ age category
 | **Target Population**(B.3 above) |
| b. 18-24 years | Enter here |
| c. 25-30 years | Enter here |
| d. 31-40 years | Enter here |
| e. 41-50 years | Enter here |
| f. 51-60 years | Enter here |
| g. 61 years or older | Enter here |
| h. unknown/did not collect | Enter here |
| **Age Categories TOTAL** | Enter here |

|  |  |
| --- | --- |
| 1. **Race/Ethnicity.** Specify the populations’ race/ethnicity (self-report whenever possible). For individuals who indicate multiple races/ethnicities, report them under “j. Multi-ethnic origin, ethnicity, or race”.
 | **Target Population**(B.3 above) |
| a. American Indian/Alaska Native | Enter here |
| b. Asian (Total) | Enter here |
| Chinese | Enter here |
| Japanese | Enter here |
| Filipino | Enter here |
| Korean | Enter here |
| Vietnamese | Enter here |
| Asian Indian | Enter here |
| Laotian | Enter here |
| Cambodian | Enter here |
| Other | Enter here |
| c. Black or African American | Enter here |
| d. Hispanic, Latino, or Spanish | Enter here |
| e. Middle Eastern/North African | Enter here |
| f. Native Hawaiian/Pacific Islander (Total) | Enter here |
| Native Hawaiian | Enter here |
| Guamanian | Enter here |
| Samoan | Enter here |
| Other | Enter here |
| g. White | Enter here |
| h. Other identified ethnic origin, ethnicity, or race | Enter here |
| i. Decline to state | Enter here |
| j. Multi-ethnic origin, ethnicity, or race | Enter here |
| k. Unknown/did not collect | Enter here |
| **Race/Ethnicity TOTAL** | Enter here |

# Type and Number of Services Provided through the MPSC(s) between 7/1/25 and 6/30/26

|  |  |
| --- | --- |
| 1. **Direct Services Provided through the MPSC(s) between July 1, 2025 and June 30, 2026.** Provide counts for ONLY those services that were provided either directly by probation officers traveling with the MPSC, staff of partner agencies traveling with the MPSC, or through virtual or remote connections made possible by the staff and technology available within the MPSC(s). The intent is to capture only those services that were provided to individuals on site at the location of the MPSC rather than services they were referred to and had to go to another location or entity to actually receive.

Report the total number of: | **Total Count** |
| 1. Basic needs
 | Enter here |
| 1. Charging stations
 | Enter here |
| 1. Classes
 | Enter here |
| 1. Community events
 | Enter here |
| 1. Counseling
 | Enter here |
| 1. Drug/alcohol testing
 | Enter here |
| 1. Food access
 | Enter here |
| 1. Housing-related support
 | Enter here |
| 1. Legal services
 | Enter here |
| 1. Mental health screening
 | Enter here |
| 1. Opioid antagonists (e.g., Narcan) distributed
 | Enter here |
| 1. Opioid antagonist (e.g., Narcan) administered
 | Enter here |
| 1. Probation office visits
 | Enter here |
| 1. Public assistance programs
 | Enter here |
| 1. Risk/need assessments
 | Enter here |
| 1. Remote court hearings
 | Enter here |
| 1. Substance use screenings
 | Enter here |
| 1. Transportation assistance
 | Enter here |
| 1. Wifi/internet connectivity
 | Enter here |
| 1. Enter the **name** and **definition** of any additional services to report.
 | Enter here |
| 1. Enter the **name** and **definition** of any additional services to report.
 | Enter here |
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 | Enter here |
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 | Enter here |

# Performance Metrics for the Target Population

For questions 10 through 12, report metrics for the **period of July 1, 2025 through June 30, 2026**.

1. **Failure to Appear in Court.** For the target population, report the total number of bench warrants for Failure to Appear in Court. This is a total count of bench warrants ***not*** the individuals with warrants.

Use this box to provide the count.

1. **Failure to Report.** For the target population, report the total number of petitions of violation submitted by the probation department to the court for failure to report. This is a total count of petitions ***not*** the individuals with petitions.

Use this box to provide the count.

1. **Additional Metrics (optional).** For the target population, do you have any additional performance metrics to report?If yes, please use the table below to identify the metric (name/label) and provide its definition and value (e.g., count, rate, percent). Please note that if any additional performance metrics were provided for the Baseline Data, they should also be provided in this and all subsequent reports.

|  |  |  |  |
| --- | --- | --- | --- |
| # | Metric (name/label) | Definition | Value |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Context for Performance Metrics.** Use the text box below to provide any information necessary to appropriately interpret any or all of the performance metrics provided for questions 10 through 12 in this subsection. This may include pertinent information about the definitions, calculations, other events, programs, departmental policies, or circumstances in the county which may impact the metrics.

Use this text box to provide the information.

# Section C: Additional Information

1. **Additional Information (optional).**

Provide any additional information you would like to share regarding the MPSC(s) project.

Use this text box to provide your description.