

California Violence Intervention and Prevention Grant – Cohort 4

Quarterly Progress Report – Part 2: Enrollments and Service Outputs

SECTION 1: Grantee Information

1. Grantee:	Date Submitted:
2. Prepared by:	3. Your Role(s):
4. Phone:	5. Email:
6. Reporting Period (Original Release):	
6. Reporting Period (Re-Release):	

SECTION 2: Enrollment Quarterly Totals

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

2.1 – Enrollments

Indicate whether your project enrolls participants.

If your project **does** enroll participants, indicate the number of participants entering the project during the current reporting period. Item 3 should include all individuals enrolled in the project for the **FIRST TIME**. Any reenrollments will be counted in item 4.

1. Does your project enroll participants? _____

2. How many individuals did your project informally contact during the current reporting period? _____

3. **(if yes to 1)** Total **FIRST TIME** enrollments:
(if none, write "N/A") _____

4. **(if yes to 1)** Total **SECOND TIME OR MORE** enrollments:
(if none, write "N/A") _____

2.2 – Demographics at Enrollment

Record the total number of individuals entering the project within each demographic category during the current reporting period.

The total number of FIRST TIME and SECOND TIME (if applicable) enrollments in each of the items below should equal the totals provided for items 3 and 4 in Section 2.1, above.

Note: Items in this section will only display if you enroll participants and you recorded having enrollments during the current reporting period.

(Boxes below will only be filled if values were entered in 3 and/or 4 above)

Age Ranges	1.FIRST TIME Enrollments	2.SECOND TIME OR MORE Enrollments
a. 12 years or younger		
b. 13-17 years		
c. 18-24 years		
d. 25-34 years		
e. 35-44 years		
f. 45 or more years		
g. Age Group Unknown		

Gender Identity	3.FIRST TIME Enrollments	4.SECOND TIME OR MORE Enrollments
a. Female		
b. Male		
c. Non-binary/3rd Gender		
d. Unknown/Prefer Not to State		
f. Other		

(if value entered for 3f) Please describe individuals in the "Other" category above:

(if value entered for 4f) Please describe individuals in the "Other" category above:

Race/Ethnicity	5. FIRST TIME Enrollments	6. SECOND TIME OR MORE Enrollments
a. American Indian/Alaska Native		
b. Asian Groups:		
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 Groups:		
Native Hawaiian		
Guamanian		
Samoan		
Other		
g. White		
h. Other identified ethnic origin, ethnicity, or race		
i. Multi-ethnic origin, ethnicity, or race		
j. Decline to state/Unknown		

Risk Status	7. FIRST TIME Enrollments	8. SECOND TIME OR MORE Enrollments
a. Low Risk		
b. Medium Risk		
c. High Risk		
d. Other Description of Risk		
(if value entered for 7d) Please describe individuals in the "Other" category above:		
(if value entered for 8d) Please describe individuals in the "Other" category above:		

Education Status	9. FIRST TIME Enrollments	10. SECOND TIME OR MORE Enrollments
a. Enrolled in Middle School		
b. Enrolled in High School		
c. Enrolled in a Training Program		
d. Enrolled in a 2-/4-Year College		
e. Not Enrolled/Highest Completed – Middle School		
f. Not Enrolled/Highest Completed – Some High School		
g. Not Enrolled/Highest Completed – High School Diploma		
h. Not Enrolled/Highest Completed – GED		
i. Not Enrolled/Highest Completed –Some College/Vocational Training		
j. Not Enrolled/Highest Completed – Certificate/College Degree		
k. Unknown Education Status		

Employment Status	11. FIRST TIME Enrollments	12. SECOND TIME OR MORE Enrollments
a. Employed – not looking for other/additional employment		
b. Employed – looking for other/additional employment		
c. Unemployed – looking for employment		
d. Unemployed – not looking for employment		
e. Unknown/Did not collect		

Housing Status	13. FIRST TIME Enrollments	14. SECOND TIME OR MORE Enrollments
a. Living Independently (own/rent)		
b. Living with Original Caregiver/Parent(s)		
c. Living with Relatives (not in foster care)		
d. Living with a Friend		
e. Living in Foster Care		
f. Permanent Supportive Housing		
g. Sober Living Home		
h. Transitional/Bridge/Rapid Rehousing		
i. Unhoused/Homeless (car, street, abandoned building, tent, etc.)		
j. Unknown Housing Status		
k. Other Housing Status		

(if value entered for 13k) Please describe individuals in the "Other" category above:

(if value entered for 14k) Please describe individuals in the "Other" category above:

SECTION 3: Participation in Services

Provide the total number of individuals who were provided with the following services during the current reporting period.

Be sure to include individuals who are identified as “Successfully Completed – still active” in these counts.

3.1 – Case Management

Provide the total number of individuals who received case management services.

If your project did not provide case management services **directly**, leave these items blank.

1. Case Management _____

2. Other Case Management Services _____

2a. (if value entered for 2) Please describe what other case management services your project provided:

3.2 – Community Engagement

Provide the total number of individuals who received community engagement services.

If your project did not provide community engagement services **directly**, leave these items blank.

1. Community Engagement/Outreach _____

2. Neighborhood Beautification _____

3. Police Trust Building _____

4. Other Community Engagement Services _____

4a. (if value entered for 4) Please describe what other community engagement services your project provided:

3.3 – Gang Intervention Services

Provide the total number of individuals who received gang intervention services.

If your project did not provide gang intervention services **directly**, leave these items blank.

1. Tattoo Removal _____

2. Other Gang Intervention Services _____

2a. (if value entered for 2) Please describe what other gang intervention services your project provided:

3.4 – Basic Services

Provide the total number of individuals who received access to basic services.

If your project did not provide access to basic services **directly**, leave these items blank.

1. Advocacy _____

2. Basic Needs Access _____

3. Housing Services _____

4. Legal Services _____

5. Other Basic Access Services _____

5a. (if value entered for 5) Please describe what other basic access services your project provided:

3.5 – Mentoring Services

Provide the total number of individuals who received access to mentoring services.

If your project did not provide access to mentoring services **directly**, leave these items blank.

1. General Mentoring Services _____

2. Credible Messengers _____

3. Other Mentoring Services _____

3a. (if value entered for 3) Please describe what other mentoring services your project provided:

3.6 – Outreach/Intervention Services

Provide the total number of individuals who received outreach/intervention services.

If your project did not provide outreach/intervention services **directly**, leave these items blank.

1. Crisis Intervention _____

2. Hospital-Based Violence Intervention _____

3. Street Outreach/Intervention _____

4. Other outreach/intervention services _____

4a. (if value entered for 4) Please describe what other outreach/intervention services your project provided:

3.7 – School/Student Services

Provide the total number of individuals who received access to school/student services.

If your project did not provide access to school/student services **directly**, leave these items blank.

1. After-School Programming _____

2. Educational/Academic Support _____

3. School Outreach _____

4. Youth Court _____

5. Other School/Student-Based Services _____

5a. (if value entered for 5) Please describe what other school/student services your project provided:

3.8 – Substance Use Treatment, Mental Health Treatment, and Behavior Modification Services

Provide the total number of individuals who received access to substance use treatment, mental health treatment, and/or behavior modification services.

If your project did not provide access to substance use treatment, mental health treatment, and/or behavior modification services **directly**, leave these items blank.

1. Anger Management _____

2. Domestic Violence Support Services _____

3. Interactive Journaling System _____

4. Mental Health Services/Treatment _____

5. Restorative Circles _____

6. Substance Use Treatment/Prevention _____

7. Other Substance Use Treatment/Mental Health Treatment/Behavior Modification Services _____

7a. (if value entered for 7) Please describe what other substance use treatment, mental health treatment, and/or behavior modification services your project provided:

3.9 – Training/Skills Building

Provide the total number of individuals who received access to training/skills building services.
If your project did not provide access to training/skills building services **directly**, leave these items blank.

- | | |
|--|--|
| 1. Employment Training/Mentoring | |
| 2. Group Social-Emotional Learning | |
| 3. Law-Related Education | |
| 4. Parenting Classes | |
| 5. Other Training/Skills Building Services | |

5a. (if value entered for 5) Please describe what other training/skills building services your project provided:

3.10 – Referral/Linkage to Outside Services

Provide the total number of individuals who were provided a linkage or referral to the following services outside your project.

If your project did not provide any linkages/referrals, leave these items blank.

- | | |
|---|--|
| 1. Referral/Linkage to Basic Services | |
| 2. Referral/Linkage to Case Management Services | |
| 3. Referral/Linkage to Focused Deterrence Services | |
| 4. Referral/Linkage to Gang Intervention Services | |
| 5. Referral/Linkage to Housing Services | |
| 6. Referral/Linkage to Legal Services | |
| 7. Referral/Linkage to Medical Services | |
| 8. Referral/Linkage to Mental Health Treatment Services | |
| 9. Referral/Linkage to Mentorship Services | |
| 10. Referral/Linkage to School/Student Services | |
| 11. Referral/Linkage to Social Services | |
| 12. Referral/Linkage to Substance Use Treatment Services | |
| 13. Referral/Linkage to Training/Skills Building Services | |
| 14. Referral/Linkage to Other Services | |

14a. (if value entered for 14) Please describe the other types of service linkages your project has provided:

3.11 – Other Service Types

1. In the box below, describe any services your project has provided that do not fit under the previous sections:

If you have no additional services to describe, leave this box blank

- 1a. (if any value was entered in 1)** How many participants were provided with the "Other" service(s) you described in the box above? _____

SECTION 4: Project Service Outcomes

- 1. During the current reporting period, how many hours of service did your project provide for each items 1a-1i below?** If a service was not provided during the current reporting period, write "0" in the box.

1a. Hours of Case Management Services _____

1b. Hours of Community Engagement Services _____

1c. Hours of Gang Intervention Services _____

1d. Hours of Intervention Services (street outreach, hospital-based, crisis, etc.) _____

1e. Hours of Mentorship Services _____

1f. Hours of Mental Health Services/Treatment _____

1g. Hours of Training/Skills Building _____

1h. Hours of Student Services _____

1i. Hours of Substance Use Services/Treatment _____

- 2.** Do your project's goals include detecting/interrupting cycles of violence? _____

2a. (if yes to 2) How many incidents were interrupted in the current reporting period? _____

- 3.** Did any enrolled participants exit your project during the current reporting period? _____

Note – if Yes was answered for 3, this grantee is required to submit part 3 of the QPR.