



# **California Violence Intervention and Prevention Grant – Cohort 4 Data Reporting Guide**

**Instructions for Quarterly  
Data Reporting**

**December 2022**



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## Introduction

This document is an instructional guide for completing the California Violence Intervention and Prevention (CalVIP) Grant Quarterly Progress Report (QPR). This guide covers each of the QPR sections and provides instructions and descriptions about the types of information you will need to report. Additional assistance in completing this form is available:

For assistance regarding this form, please contact the BSCC at:  
CalVIP@bscc.ca.gov

## Completing the QPR

The QPR form is provided through Smartsheet, an online data platform. You will not need a Smartsheet account, special software, or licenses to submit your quarterly report. Each form must be completed and submitted in its entirety in a single session. With this in mind, it is recommended that narrative responses first be drafted in Word format and pasted into the QPR form.

To keep the forms at a manageable length, forms are split into one Baseline survey and three separate quarterly submissions:

1. Baseline Survey – a **one-time** survey to collect initial project information and service plans that should not change between quarters. **This form will be due February 15<sup>th</sup>, 2023.**
2. General Project Overview – Part 1 of the quarterly form which collects information on expenditures, implementation status, and activity provision.
3. Enrollments and Service Outputs – Part 2 of the quarterly form which collects enrollment information (if applicable), participant services provided, and participant exit data (if applicable).
4. Exits and Participant Outcomes – Part 3 of the quarterly form which collects exit information and positive outcomes for participants.  
**Note:** This form will only need to be completed during reporting periods in which participants have exited from your project.

Many fields within the QPR use logic to determine if the items that will be displayed. With that in mind, not all items in the guide will be shown to all respondents.

## Baseline Report Survey – One Time Submission

### Due February 15, 2023

#### Section 1 – Grantee Information

This section is for the collection of general information related to your organization.

- **Grantee Name:** Official name of the city/organization that directly received funding from the BSCC. Select the appropriate name from the pre-filled dropdown options.

This section also asks for contact information of the person preparing the report in order for us to contact the report preparer if needed. This information includes the preparer's **Name, Role(s), Phone, and Email**. Use the text boxes for each field to provide this information.

#### Section 2 – Project Activities/Participants

This section has you describe any project activities that have occurred in the 12 months leading up to the grant period, as well as any participants that may have been served during that time.

##### 2.1 – Project Activities

1. **Please describe any project activity that occurred during the 12 months prior to the grant period (ex: hiring/training staff, securing facilities, etc.).** Use the text box to describe any project activities that occurred in the year leading up to the grant cycle. If your project has not begun any activities yet, write “N/A” in the box.

##### 2.2 – Participants

1. **Does your project enroll participants?** Select “Yes” if your project has an enrollment process to register participants within your project. If your project does not enroll participants, select “No”.  
If you select “Yes”, Item 1a will be shown.
  - 1a. **How many participants were enrolled in your project during the 12 months prior to the grant period?** Indicate the number of participants your project enrolled in the year leading up to the grant. If no participants were enrolled during this time, write “0”.  
If you write any number larger than 0 here, items 1a-1d will be shown in section 3.1.

- 2. Has your project served any participants during the 12 months prior to the grant period?** Select “Yes” if your project has served participants – this can mean enrolling and providing services or providing services in a non-enrolled capacity. Select “No” if your project has not served participants in the year leading up to the grant.

If you select “Yes”, item 2a will be shown.

- 2a. Indicate the number of months within the 12 months prior to the grant period your project has been serving participants?** Select from the dropdown menu the number of months (1-12) that your project has been serving participants during the year before the grant cycle began.

### Section 3 – Project Goals – Baseline Data

In this section you will provide information on the status of your project’s goals at the start of your grant project grant cycle.

**Note:** Not all sections will apply to all grantees.

#### 3.1 – Crime, Criminogenic Behaviors, and/or Recidivism Reduction Goals

This section is designed to gather baseline data regarding the status of goals relating to crime reduction, criminogenic behavior reduction, and recidivism reduction at the start of your project grant cycle.

Items 1a-1d refer only to participants enrolled during the **12 months prior** to the grant (see Section 2, item 1a).

**1a. How many were involved in gang activities prior to enrollment?** Indicate the number of participants that were involved in gang activities before they were enrolled in your project. This can be based on self-report on the part of the participants.

**1b. How many were involved in the justice system prior to enrollment?** Indicate the number of participants that were directly involved in the justice system before they were enrolled in your project. This can be based on self-report on the part of the participants.

**1c. How many recidivated after enrollment?** Indicate the number of participants that recidivated (using the BSCC definition of recidivism<sup>1</sup>) after they were enrolled in your project. This can be based on self-report on the part of the participants.

**1d. How many committed violence/violent incidents after enrollment?** Indicate the number of participants that committed violence and/or violent

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<sup>1</sup> The BSCC defines recidivism as the conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction ([link](#)).

incidents (robbery, homicide, assault, etc.) after they were enrolled in your project. This can be based on self-report on the part of the participants.

- 2. Does your project's target population include youth under age 18?** Select “Yes” if your project’s target population includes youth under age 18, or “No” if your project is targeting individuals 18 years and older.

If you select “Yes”, items 2a and 2b will be shown.

- 2a. Do you have/will you have an agreement/partnership with schools to collect student criminogenic/delinquency data?** Select “Yes” if your project has secured or plans to secure an agreement/MOU with schools in/near your service area to collect student criminogenic data<sup>2</sup>. Select “No” if your project does not have/plan to have an agreement/MOU with schools for student criminogenic data.

- i. What is the percentage of students with criminogenic behaviors in the 12 months prior to the grant across all partnered schools?**

Indicate the percent of students in schools you have an agreement with that have records of criminogenic behaviors. If you do not know/have access to this information yet, leave this item blank.

- ii. How do you plan to collect criminogenic data about the youth target population?** Describe your plan to collect data regarding the criminogenic behavior of youth. This plan could include asking youth to self-report the information, interviewing family, collecting data from outside sources (e.g., probation departments, local law enforcement, DOJ), etc.

- 2b. How many youths were enrolled in your project in the 12 months prior to the grant?** Indicate the number of youth participants your project enrolled in the year leading up to the grant. **Note:** these participants should have been included in the total participant count on item 1a in Section 2.2. If no participants were enrolled during this time, leave this item blank.

If you enter any value for this item, items 2c and 2d will be shown.

- 2c. Of the youth enrolled in the 12 months prior to the grant, how many were considered at-risk?** If your project formally assesses risk-level in participants using a validated risk/needs assessment tool, indicate how many of the youth enrolled during the year before the grant cycle were considered “at-risk” of criminogenic behavior. If your project does not assess risk, leave this item blank.

- 2d. Of the youth enrolled in your project in the 12 months prior to the grant, how many were involved in criminogenic behaviors prior to enrollment??** Indicate how many of the at-risk youth identified in item 2d were involved in criminogenic behaviors. This can be based on self-report or from data obtained through an agreement with an outside source/agency. If you are unable to obtain access to this information, leave this item blank.

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<sup>2</sup> Criminogenic data is defined as any data which includes delinquent behavior (e.g., truancy) or criminal behavior (e.g., property crimes, violent crimes).

- 3. Do any of your project’s goals include detecting/interrupting cycles of violence?** Select “Yes” if any of the goals identified in your project workplan involved detecting and/or interrupting cycles of violence within the target community.

If you select “Yes”, item 3a will be shown.

- 3a. How many incidents were interrupted in the 12 months prior to the grant?** Indicate the number of violent incidents that were interrupted during the year before the grant.

### 3.2 – Service/Work Goals

- 1. During the 12 months prior to the grant, approximately how many hours of service were provided for each of the following project activities (estimates are okay):**

For example, if you provided one group mentoring service for 4 hours to a group of five individuals, you would record 4 hours of mentorship services. If you provided 4 hours of individual mentorship service to four different participants, you would record 16 hours of mentorship services.

Note: if a service listed below was not provided by your project in the last 12 months, leave those items blank.

- a. Case management services** - Case management includes engaging the individual in the treatment process, assessing the individual’s needs, developing an individual plan, linking the individual with appropriate services, monitoring the individual’s progress, and intervening with and advocating for the individual when needed.<sup>3</sup>
- b. Community engagement services** – Community engagement services are any project activities with the overall goal of improving some aspect of the community it serves as a whole, such as building community efficacy, promoting community safety, strengthening relationships between community members and local law enforcement, improving the cultural identity of the community and its members, etc.
- c. Intervention services** – Intervention services can include street outreach/intervention efforts, hospital-based intervention services, crisis intervention services, gang intervention, etc.
- d. Mentorship services** – Mentorship services include the formation of an ongoing relationship between a mentor from your project and participants (either in a group setting or one-on-one), in which the mentor becomes a confidant, role model, teacher, friend, etc. and supports a path of positive development for the participants.

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<sup>3</sup> Adaptation from definition provided in Healey, K.M. (1999). Case Management in the Criminal Justice System. *National Institute of Justice: Research in Action*. <https://www.ojp.gov/pdffiles1/173409.pdf>.

- e. **Mental health services/treatment** – Mental health services provided to participants by professionals. Mental health services may include individual counseling, group therapy, cognitive behavioral therapy (CBT), day treatment programs, inpatient and residential services, and much more.
- f. **Training/skills building** – Providing participants with training to develop skills that serve in increasing connectedness to themselves, their families and community, improving employability, and more (e.g., parenting, law-related education, social-emotional learning)
- g. **Student services** – Student services are programs and activities that focus specifically on student populations to help improve students' academic standing (tutoring/academic support), provide after-school activities, reduce criminogenic behaviors, etc.
- h. **Substance use services/treatment** – Providing participants with drug or alcohol services. May include inpatient or outpatient rehab, sessions with a substance abuse counselor, Alcoholics Anonymous, Narcotics Anonymous, or other group or individual services.

### 3.3 – Positive Participant Outcomes

1. **Do any of the project's goals focus on improving participant outcomes (ex: reducing risk factors, improving education/employment status, increasing protective factors, etc.)?** Select “Yes” if any of the goals identified in your project workplan involved improving the outcomes of participants. This could include removing barriers to success, increasing protective factors, improving education outcomes, improving life stability, and much more.

If you select “Yes”, item 1a will be shown.

- 1a. **What positive participant outcomes will you measure and how will you be measuring them (survey, record review, etc.)?**

**Please list each outcome and how it will be measured separately.** List any specific outcomes your project plans to improve in participants and indicate how the outcome(s) will be measured.

### 3.4 – Community Outcomes

1. **Is your project measuring outcomes that will affect the community (ex: building community efficacy, promoting community safety, strengthening relationships between the community and law enforcement, etc.)?** Select “Yes” if any of the goals identified in your project workplan involved improving the targeted community as a whole. This could include building community efficacy, promoting community safety, strengthening relationships between community members and local law enforcement, improving the cultural identity of the community and its members, as well as the examples shown in the item above.

If you select “Yes”, item 1a will be shown.

**1a. What community outcomes are you measuring and how will you measure them?**

**Please list each outcome and how it will be measured separately.** List any specific outcomes your project plans to improve in the target community and indicate how the outcome(s) will be measured.

## Section 4 – Project Plans

### 4.1 – Planned Project Activities

For each of the following items, indicate if your project will be providing services directly, indirectly, or if the service does not apply to your project. Use the following definitions for all items:

Direct Service: The project provides access to the activity/service in-house using staff hired by the project.

Indirect Service: The project provides a referral/linkage to activity/service so participants can get access to the activity/service provided by an outside individual/organization.

Not Applicable: The activity/service is not provided by your project and does not apply to you.

- 1. Access to Basic Services** – Providing participants with basic needs, including food, transportation to food banks, clothing, toiletries, bus passes, etc.
- 2. Case Management** – Includes engaging the individual in the treatment process, assessing the individual's needs, developing an individual plan, linking the individual with appropriate services, monitoring the individual's progress, and intervening with and advocating for the individual when needed.
- 3. Community Engagement/Improvement** – Community engagement services are any project activities with the overall goal of improving some aspect of the community it serves as a whole, such as building community efficacy, promoting community safety, strengthening relationships between community members and local law enforcement, improving the cultural identity of the community and its members, etc.
- 4. Focused Deterrence** – Problem-oriented strategies that follow the core principles of deterrence theory and target specific criminalized behavior committed by a small number of individuals.
- 5. Housing Services** – Providing participants with services to improve their immediate and/or long-term housing situation. Housing services may include placement into transitional or temporary housing, shelters, or permanent residences, hotel vouchers, etc.
- 6. Mentoring Services** – Formation of an ongoing relationship between a mentor and participant(s) (either in a group setting or one-on-one), in which the mentor becomes a confidant, role model, teacher, friend, etc. and supports a path of positive development for the participants.

7. **Gang Intervention Services** – Intervention services specifically targeted at preventing/reducing gang-involved behaviors and/or activities, such as social interventions, neighborhood mobilization, etc.
8. **Outreach/Intervention (hospital, street-based, crisis, etc.)** – Outreach/intervention services other than gang intervention. These services can include hospital-based intervention, street-based intervention, crisis interventions, and others.
9. **School/Student Services** – Programs and activities that focus specifically on student populations to help improve students' academic standing (tutoring/academic support), provide after-school activities, reduce criminogenic behaviors, etc.
10. **Substance Use Treatment Services** – Providing participants with drug or alcohol services. May include inpatient or outpatient rehab, sessions with a substance abuse counselor, Alcoholics Anonymous, Narcotics Anonymous, etc.
11. **Mental Health Services/Behavior Modification Services** – Providing participants with mental health and/or behavior modification services. May include individual counseling, group therapy, cognitive behavioral therapy (CBT), day treatment programs, inpatient and residential services, and much more.
12. **Training/Skills Building** – Providing participants with training to develop skills that serve in increasing connectedness to themselves, their families and community, improving employability, and more (e.g., parenting, law-related education, social-emotional learning)
13. **Other** – Any activity/service that does not fall under the above categories.  
If you select any response other than “Not Applicable” on this item, item 13a will be shown.  
**13a. Please describe what project activities fall under "Other".** Provide a brief description of any activities that do not fall in categories 1-11 above.

#### 4.2 – Risk/Needs Assessment

Indicate whether the participants enrolled in your project are routinely given a formal assessment to identify their needs and/or risks. A formal assessment is typically completed by a professional (i.e., social worker, school counselor, etc.) using a validated risk/need assessment tool.

1. **Does your project formally assess the level of risk and/or needs of enrolled participants?** Select “Yes” if your project provides a formal assessment of risk/needs. Select “No” if your project does not formally assess participants for risk/needs.  
If you select “Yes” on this item, item 1a will be shown below.  
If you select “No” on this item, item 1b will be shown below.  
**1a. Please name/describe the assessment tool(s) used.** Briefly name any formal assessment tools your project uses and describe how they assess the risk/needs of participants.

**1b. Please describe how participant needs are determined and/or your placement process.** Briefly describe how participants' needs are determined after they are enrolled in your project (e.g., how does your project identify what services and supports to provide participants?).

4.3 – How do you define “successful completion”?

- 1. Describe the measurable milestones your project uses to determine when a participant has successfully completed services.** Explain how you determine when a participant has successfully completed your project's services. This can be a specific number of service hours, attending sessions, completion of tasks (such as creating and following the steps in a service plan), or completing goals (finishing a school year, graduating, etc.). If your project implements multiple types of strategies/activities/services that measure success in different ways, outline how each strategy/activity/service defines a “successful completion”.  
Note: you will use this definition for identifying those participants who are "successfully completing" your project when you report exiting participants.

## Quarterly Progress Report | Part 1: General Project Overview

### Section 1 – Grantee Information

This section is for the collection of general information related to your organization.

- 1. Grantee Name:** Official name of the city/organization that directly received funding from the BSCC.

This section also asks for contact information of the person preparing the report in order for us to contact the report preparer if needed.

- 2. Your Name**
- 3. Your Role(s)**
- 4. Phone #**
- 5. Email**
- 6. Reporting Period** Select the current quarter you are reporting for using the drop-down menu. Note: options on this item will vary based on your project’s contract start date:

July 1 Start Reporting Periods:

Quarter	Reporting Period	QPR Due Date
QUARTER 1 & 2:	July 1-December 31, 2022	February 15, 2023
QUARTER 3:	January 1-March 31, 2023	May 15, 2023
QUARTER 4:	April 1-June 30, 2023	August 15, 2023
QUARTER 5:	July 1-September 30, 2023	November 15, 2023
QUARTER 6:	October 1-December 31, 2023	February 15, 2024
QUARTER 7:	January 1-March 31, 2024	May 15, 2024
QUARTER 8:	April 1-July 30, 2024	August 15, 2024
QUARTER 9:	July 1-September 30, 2024	November 15, 2024
QUARTER 10:	October 1-December 31, 2024	February 15, 2025
QUARTER 11:	January 1-March 31, 2025	May 15, 2025
QUARTER 12:	April 1-June 30, 2025	August 15, 2025

October 1 Start Reporting Periods:

Quarter	Reporting Period	QPR Due Date
QUARTER 1:	July 1-December 31, 2022	February 15, 2023
QUARTER 2:	January 1-March 31, 2023	May 15, 2023
QUARTER 3:	April 1-June 30, 2023	August 15, 2023
QUARTER 4:	July 1-September 30, 2023	November 15, 2023
QUARTER 5:	October 1-December 31, 2023	February 15, 2024
QUARTER 6:	January 1-March 31, 2024	May 15, 2024

QUARTER 7:	April 1-July 30, 2024	August 15, 2024
QUARTER 8:	July 1-September 30, 2024	November 15, 2024
QUARTER 9:	October 1-December 31, 2024	February 15, 2025
QUARTER 10:	January 1-March 31, 2025	May 15, 2025
QUARTER 11:	April 1-June 30, 2025	August 15, 2025

**7. Would you like any technical assistance?** Select “Yes” if you would like technical assistance for anything regarding the evaluation of your project.

[If you select “Yes” on this item, item 7a will be shown below.](#)

**7a. Please describe the type and nature of the assistance you would like.**

Briefly describe the technical assistance needs of your project.

## Section 2 – General Project Overview

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

### 2.1 – Expenditure Status

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

- 1. Amount Invoiced to-date:** The total amount of your quarterly invoices at the end of the reporting period. This is the total amount of money you have spent/invoiced so far (this does not include encumbrances).
- 2. Pass-through funds expended to-date:** The total amount of your pass-through funds that have been expended at the end of the reporting period. This is the total amount of money that has been passed through to other projects/organizations so far.
- 3. In relation to the overall grant budget, are CalVIP Grant funds being expended as planned and on schedule?** Indicate if the reported spending reflects expenses in the budget plan outlined in your grant agreement.  
[If you select “No” on this item, item 3a will be shown below.](#)  
**3a. If not, please explain why. Describe any corrective actions needed.** If your spending so far has been different from your budget plan, please tell us why and describe your updated plan.

## 2.2 – Project Inputs and Implementation

Please indicate the status of each of your project implementation activities below and provide a brief 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:

Not Started. Your project has not yet focused on implementing this project activity.

Planning. Have started preparations and plans to begin implementing activity.

Implementation Started. Your project has initiated implementing this component, but it may not yet be fully developed and/or need refinement.

Complete/Established. Project activity is fully in place/completed and supporting project goals.

N/A. Does not apply to your project in particular.

If you select any response other than “N/A” on any of the following items, a description box will appear for you to provide a brief description of your progress, accomplishments, and/or challenges for that implementation activity.

- 1. Partnerships:** Formal or informal relationships with law enforcement agencies, courts, schools, service providers, and other community organizations that help your project operate effectively. Your partnerships may be sources to enroll participants from, service providers you refer participants to, or agencies you collaborate with at any point in your project (describe the status of these partnerships).
- 2. Staffing and/or Volunteers:** Hiring staff and/or volunteers for the essential positions of your project (describe your project’s progress in this area).
- 3. Training:** Developing and executing the training content and activities necessary for a fully prepared project staff (describe your project’s progress in this area).
- 4. Identification, Outreach, & Enrollment Process:** Developing and promoting a clear pathway for individuals to be identified and enrolled into your project (describe your project’s progress in this area).
- 5. Evidence-based Programming:** A project design informed by empirical research demonstrating the intervention contributes to positive participant outcomes (describe your project’s progress in this area). For more information regarding evidence-based practices see:  
[http://www.bscc.ca.gov/s\\_web-basedresourcesonevidence-basedpractices/](http://www.bscc.ca.gov/s_web-basedresourcesonevidence-basedpractices/)
- 6. Data Collection/Evaluation:** Your systematic, ongoing data collection for local and statewide evaluation. This will include your Local Evaluation Plan (LEP) for the BSCC, the securing of a local evaluator(s) if applicable, and your data collection method(s) for the QPR and Local Evaluation Report (LER) (describe your project’s progress in this area).
- 7. Quality Assurance:** What kinds of self-check procedures do you have in place to verify that your project is being delivered as intended? Pay special attention to the use of evidence-based interventions, dosages, and outcomes (describe your project’s progress in this area).

### 2.3 – Goals and Objectives

For the following items, please refer back to the Goals and Objectives you listed in your workplan submitted with your grant application. Please provide updates for each Goal/Objective listed on your project’s workplan related to the current reporting period.

For each goal listed on your workplan, describe the following:

- 1. Progress you’ve made toward the goal and its objectives during this reporting period.**
- 2. Challenges you’ve encountered while working toward the goal and its objectives.**
- 3. What steps were implemented to address the above challenges (if applicable).**
- 4. Do you have additional goals and objectives reported in your project’s workplan?**

If you select “Yes” to this item, a new set of the items 1-4 above will populate. You can submit information for up to five goals on this form.

### 2.4 – Description of Project Activities

#### **1. Current Project Activities**

**Please indicate which of the following project activities/services your project engaged in directly and/or provided referrals for during the current reporting period:**

Note: For definitions for each of these activities/services, see section [4.1 of the Baseline Survey](#).

- a. Case Management**
- b. Community Engagement/Improvement**
- c. Focused Deterrence**
- d. Access to Basic Services**
- e. Mentoring Services**
- f. Gang Intervention Services**
- g. Outreach/Intervention (hospital, street-based, crisis, etc.)**
- h. School/Student Services**
- i. Substance Use/Mental Health Services/Behavior Modification Services**
- j. Training/Skills Building**
- k. Other**

**2. Staff Health and Wellness**

**Does your project include a method of providing service(s) to improve/maintain the mental health and wellness of your staff?** Indicate whether your project has included a method of improving and/or maintaining the mental health and wellbeing of your staff.

If you select “Yes” to this item, item 2a-2c will appear below.

**2a. Describe the staff mental health/wellness service(s) provided during this reporting period.** Briefly describe what activities you’ve provided to improve/maintain the mental health and wellness of your staff.

**2b. How many staff received mental health/wellness services during this reporting period?** Indicate the number of staff members that received mental health/wellness services during the current reporting period.

**2c. How many hours of mental health/wellness services did your project staff receive during this reporting period?** Indicate the approximate number of hours of mental health/wellness services your staff received as a whole during the current reporting period.

## Quarterly Progress Report | Part 2: Enrollments and Service Outputs

### Section 1 – Grantee Information

This section is for the collection of general information related to your organization.

1. **Grantee Name:** Official name of the city/organization that directly received funding from the BSCC.

This section also asks for contact information of the person preparing the report in order for us to contact the report preparer if needed.

2. **Your Name**
3. **Your Role(s)**
4. **Phone #**
5. **Email**
6. **Reporting Period** Select the current quarter you are reporting for using the drop-down menu. Note: options on this item will vary based on your project's contract start date – for a list of the reporting periods for each start date group, please see [Section 1, Item 6](#) of the Part 1 Form.

### 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 not** enroll participants, record how many individuals your project contacted during the current reporting period in item 2.

If your project **does** enroll participants, indicate the number of participants entering the project during the current reporting period.

Individuals can “re-enter” the project if they exit for any reason and reenroll during the current reporting period. For the purpose of data tracking, we will separate out data for participants enrolled in your project into the two enrollment cohort categories below:

- FIRST TIME Enrollment Cohort: Individuals that have entered the project for the first time during the current reporting period.
- SECOND TIME OR MORE Enrollment Cohort: Individuals that entered the project, left the project one or more times during any prior reporting period, and then reenrolled during the current reporting period.

- 1. Does your project enroll participants?** Indicate whether your project enrolls participants.  
If you select “No” to this item, item 2 will appear below.  
If you select “Yes” to this item, items 3 and 4 will appear below, in addition to Section 2.2 – Demographics at Enrollment.
- 2. How many individuals did your project contact during the current reporting period?** Indicate the number of individuals your project informally contacted during the current reporting period. These contacts could have been at a school or community event, during a hospital intervention, etc.
- 3. Total FIRST TIME enrollments** – Indicate the number of individuals who formally enrolled in your project for the FIRST TIME during the current reporting period.
- 4. Total SECOND TIME OR MORE enrollments** – Indicate the number of individuals who formally enrolled in your project for the SECOND TIME OR MORE during the current reporting period.

## 2.2 – Demographics at Enrollment

Use this section to report the demographic information for individuals enrolling in your project during the current reporting period for each enrollment cohort. This section should be a non-duplicated count of the individuals your project served, so the total of each demographic section should equal the values entered for item 3 and 4 in Section 2.1 (above).

- 1. Age Ranges – First Time Enrollments:** Please use the individual’s age at the time they enrolled in your project.
- 2. Age Ranges – Second Time or More Enrollments:** Same as previous.
- 3. Gender Identity – First Time Enrollments:** Please ask individuals to self-report whenever possible.
- 4. Gender Identity – Second Time or More Enrollments:** Same as previous.
- 5. Race/Ethnicity – First Time Enrollments:** Please ask individuals to self-report whenever possible. The State of California mandates that collection of race and ethnicity data must include and report each major Asian group, including, but not limited to, Chinese, Japanese, Filipino, Korean, Vietnamese, Asian Indian, Laotian, and Cambodian, and each major Pacific Islander group, including, but not limited to, Hawaiian, Guamanian, and Samoan. The State also provides guidelines for multiracial Californians: data on ethnic origin, ethnicity, or race must provide the option of selecting one or more ethnicity or racial designations (see the [Recommendations for the Collection and Reporting of Juvenile Race and Ethnicity Data](#)). If you require a race/ethnicity form that will allow you to collect this data in a way that conforms to state requirements outlined above, please notify the BSCC by email at [CalVIP@bscc.ca.gov](mailto:CalVIP@bscc.ca.gov).
- 6. Race/Ethnicity – Second Time or More Enrollments:** Same as previous.

**7. Risk Groups – First Time Enrollments:** It is considered best practice to use a standardized tool to inform treatment plans for participants. Many assessments categorize individuals as low, medium, or high risk, and are designed to be used as pre/posttests or on an ongoing basis, but there are many other accepted methods. If your project records risk status as a part of your enrollment, please group each participant into one of the three categories (low, medium, or high risk). If your project does not record risk status or if individuals had no risk status recorded at entry, leave this section blank.

**8. Risk Groups – Second Time or More Enrollments:** Same as previous.

**9. Education Status – First Time Enrollments:** Please indicate the total number of individuals who are enrolled or not enrolled in school.

For those who are enrolled in school, please indicate the total enrollees at each level/type of school they currently attend:

- Middle school/Junior High
- High school
- Other school/training

For those individuals not enrolled in school, please indicate the total enrollees with each graduation status:

- Have high school diploma or GED
- Have not graduated
- Other

Enter the remaining number of individuals enrolled for which you do not know their educational status in the “Unknown Education Status” box.

**10. Education Status – Second Time or More Enrollments:** Same as previous.

**11. Employment Status – First Time Enrollments:** Indicate the level of employment of the individuals entering your project:

- Student not looking for employment: Individual is not employed and not seeking employment due to their primary status as a student.
- Employed not looking for employment: Individual is employed and satisfied with their current level of employment, not looking for additional work or a different job.
- Employed – looking for additional/other employment: Individual is employed but is seeking additional employment or a different job. This option may be used for individuals that are working part time but desire to work full time.
- Unemployed – looking for employment: Individual is not employed but wishes to be and is currently seeking employment.

- Unemployed – not looking for employment: Individual is not employed and is not currently seeking employment.
- Unknown employment status: Employment status was not provided by the participant during the enrollment process.

**12. Employment Status – Second Time or More Enrollments:** Same as previous.

**13. Housing Status – First Time Enrollments:** Indicate the number of enrollees in each of the housing situations below:

- Living Independently (own/rent): Enrollee has a self-sufficient living situation (on the lease/paying rent; not doubled up or couch surfing).
- Living with Original Caregiver/Parent: Enrollee is living with parent and/or original caretaker(s), who may live together in the same house or have another custody agreement.
- Living with Relatives (not in foster care): Enrollee lives with members of their family other than their original caretaker(s).
- Living with a Friend: Enrollee lives with a friend on a permanent basis (not on a temporary basis or “couch surfing”).
- Living in Foster Care: Enrollee lives in a home in which they were placed by Child Protective Services.
- Permanent Supportive Housing: Enrollee is provided on-going rental assistance with supportive services (such as mental health and health care for chronically homeless households).
- Sober Living Home: Enrollee resides in a sober living home.
- Transitional/bridge/rapid rehousing: Enrollee has been provided temporary housing as a means of bridging the gap from homelessness, or was given short-term access to rental assistance and services to prevent homelessness.
- Unhoused/Homeless (car, street, abandoned building, tent, etc.)
- Unknown Housing Status
- Other Housing Status

**14. Housing Status – Second Time or More Enrollments:** Same as previous.

### 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 (see item 2 in Section 5.1).

### 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**

If you enter any value for this item, item 2a will appear below.

**2a. 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/strategies.

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

- 1. Community Engagement/Outreach** – Outreach efforts designed to engage directly with the community and/or reach individuals within the target community.
- 2. Neighborhood Beautification** – Activities designed to improve the target area/neighborhood.
- 3. Police Trust Building** – Services designed to improve relations and/or increase trust between local law enforcement and the community.
- 4. Other Community Engagement Services**

If you enter any value for this item, item 4a will appear below.

**4a. 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** – Services focused on removing tattoos affiliated with gangs.
- 2. Other Gang Intervention Services**

If you enter any value for this item, item 2a will appear below.

**2a. 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** – Services designed to provide support to participants and/or improve their ability for self-advocacy.

2. **Basic Needs Access** – Services which provide participants with basic needs, including food, transportation to food banks, clothing, toiletries, bus passes, etc.
3. **Housing Services** – Services which work to improve participants' immediate and/or long-term housing situation. Housing services may include placement into transitional or temporary housing, shelters, or permanent residences, hotel vouchers, etc.
4. **Legal Services** – Providing participants with access to a lawyer, paralegal, etc. for assistance.
5. **Other Basic Access Services**

If you enter any value for this item, item 5a will appear below.

**5a. Please describe what other basic access services your project provided**

### 3.5 – Mentoring Services

Provide the total number of individuals who received mentoring services.

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

1. **General Mentoring Services** – Providing participants with access to a mentor, either in a group setting or one-on-one, in which the mentor becomes a confidant, role model, teacher, friend, etc. and supports a path of positive development for the participants.
2. **Credible Messengers** – A specific mentorship model in which accepted members of the community/target population are used to aid and influence others within that community.
3. **Other Mentoring Services**

If you enter any value for this item, item 3a will appear below.

**3a. 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 access to outreach/intervention services **directly**, leave these items blank.

1. **Crisis Intervention** – Providing participants with immediate, short-term counseling to stop a critical emotional incident from getting worse.
2. **Hospital-Based Violence Intervention** – Services that seek to combat the cycle of violence by engaging patients in the recovery process immediately following injury.
3. **Street Outreach/Intervention** – Providing unhoused individuals with access to case management services, medical services, mental health services, transportation help, and much more.
4. **Other Outreach/Intervention Services**

If you enter any value for this item, item 4a will appear below.

**4a. Please describe what other outreach/intervention services your project provided**

3.7 – School/Student Services

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

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

1. **After-School Programming** – Programs designed to provide youth with safe, structured activities that convene regularly in the hours following the traditional school day.
2. **Education/Academic Support** – Services designed to improve the academic outcomes of youth, such as tutoring, academic clubs, etc.
3. **School Outreach** – Services often provided through a partnership with a local school to provide various resources to students and classrooms.
4. **Youth Court** – Courts that involve young people in the sentencing of peers who have been diverted from juvenile courts.
5. **Other School/Student-based Services**

If you enter any value for this item, item 5a will appear below.

**5a. 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 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** – Programs designed to promote anger prevention practices and anger control techniques.
2. **Domestic Violence Support Services** – Services aimed at supporting survivors of domestic violence through counseling, parenting classes, emergency assistance, and much more.
3. **Interactive Journaling** – A structured writing process that motivates and guides participants toward positive life changes.
4. **Mental Health Services/Treatment** – May include individual counseling, group therapy, cognitive behavioral therapy (CBT), day treatment programs, inpatient and residential services, and much more.
5. **Restorative Circles** – A community-level harm reparation approach which encourages individuals to be open and honest about their perspectives regarding conflict, how they were harmed, and/or how they think others may have been harmed.

**6. Substance Use Treatment Prevention** – Services designed to address and/or prevent substance use/abuse. May include inpatient or outpatient rehab, sessions with a substance abuse counselor, Alcoholics Anonymous, Narcotics Anonymous, or other group or individual services.

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

If you enter any value for this item, item 7a will appear below.

**7a. Please describe what other substance use treatment/mental health treatment/behavior modification services your project provided**

### 3.9 – Training/Skills Building

Provide the total number of individuals who received 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** – Training/Mentoring services designed to provide knowledge and/or work experience in order to help participants get/retain gainful employment.

**2. Group Social-Emotional Learning** – Services designed to improve self-awareness, self-control, and interpersonal skills in participants.

**3. Law-Related Education** – Courses designed to equip individuals with knowledge and skills pertaining to law.

**4. Parenting Classes** – Programs which focus on enhancing parenting practices and behaviors, such as developing and practicing positive discipline techniques, promoting positive play and interaction between parents and children, etc.

**5. Other Training/Skills Building Services**

If you enter any for this item, item 5a will appear below.

**5a. 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.

Note: For definitions for each of these activities/services, see section [4.1 of the Baseline Survey](#) and the previous items in sections 3.1-3.9.

**1. Referral/Linkage to Basic Services**

**2. Referral/Linkage to Case Management Services**

**3. Referral/Linkage to Focused Deterrence**

**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

If you enter any value for this item, item 14a will appear below.

- 14a. Please describe the other types of service linkages your project has provided.

### 3.11 – Other Service Types

- 1. Describe any services your project has provided that do not fit under the previous sections. If your project did not provide services other than those listed in previous sections, leave this item blank.  
If you enter any value for this item, item 1a will appear below.
  - 1a. How many participants were provided with the "Other" service(s) you described in the box above? Indicate the number of individuals that participated in the services described in item 1.

## 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
  - 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?  
Indicate whether or not your project intends to detect/interrupt cycles of violence in the target population/community.  
If you answer "Yes" to this item, item 2a will appear below.

**2a. How many incidents were interrupted in the current reporting period?**

Indicate the number of incidents that were interrupted during the current reporting period. If none were interrupted, write “0”.

- 3. Did any enrolled participants exit your project during the current reporting period?** Select whether you had any participants exit your project for any reason this quarter. If your project does not formally enroll participants (and therefore never have exits), select “No”.

If you select “Yes” you will be required to complete Part 3 of the QPR form for this quarter.

## Quarterly Progress Report | Part 3: Exits and Participant Outcomes

### Section 1 – Grantee Information

This section is for the collection of general information related to your organization.

- 1. Grantee Name:** Official name of the city/organization that directly received funding from the BSCC.

This section also asks for contact information of the person preparing the report in order for us to contact the report preparer if needed.

- 2. Your Name**
- 3. Your Role(s)**
- 4. Phone #**
- 5. Email**
- 6. Reporting Period** Select the current quarter you are reporting for using the drop-down menu. Note: options on this item will vary based on your project’s contract start date – for a list of the reporting periods for each start date group, please see [Section 1, Item 6](#) of the Part 1 Form.

### Section 2 – Exiting Participants

#### 2.1 – Total Exits

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

- 1. Total participants exiting:** Indicate the total number of first time and second time or more enrollees who exited your project during the current reporting period.

**1a. From First Enrollment** – If no first time enrollments exited your project during the current reporting period, write “N/A”.

If you enter a value other than “N/A” on this item, item 2 will appear below.

**1b.From Second or More Enrollment** – If no second time or more enrollments exited your project during the current reporting period, write “0”.

If you enter a value other than “N/A” on this item, item 3 will appear below.

**2. Reason for First Time Exit:** Record the number of participants who exited your project for the **FIRST TIME** during the current reporting period. The values in each item should be a non-duplicated count so the total of all values entered here should equal the value in item 1a in Section 2.1 (above).

**2a.Successful completion (active – still receiving services)** – Participant has successfully completed the requirements to exit your project, however is still receiving project services; use the definition of “successful completion” you provided in Section [4.3 of the Baseline Data Form](#).

If you enter a value other than “N/A” on this item, demographic items will appear in Section 2.2 and outcome items will appear in Section 3.

**2b.Successful completion (inactive – no longer receiving services)** – Participant has successfully completed the requirements to exit your project, and is no longer receiving project services; use the definition of “successful completion” you provided in Section [4.3 of the Baseline Data Form](#).

If you enter a value other than “N/A” on this item, demographic items will appear in Section 2.2 and outcome items will appear in Section 3.

**2c.Dropped out/lost contact** – Participant has stopped coming to project activities and did not respond to outreach from project staff about continuing

**2d.Non-compliant (asked to leave)** – Participant was told by project staff they can no longer participate in the project, perhaps due to repeated misconduct.

**2e.Arrest/incarceration** – Participant was arrested and/or incarcerated, or otherwise engaged in the justice system in a way that eliminated their ability to participate in your project.

**2f. Services determined not appropriate** – Participant was enrolled in your project, but it was later determined that this project does not fit the individual’s needs.

**2g.Other:** Any other reason participants exited the project.

If you enter any value for this item, item i will appear below.

i. **Please describe the individuals exiting in the “Other” category above.**

**3. Reason for Second Time or More Exit:** Record the number of participants who exited your project for the **SECOND TIME OR MORE** during the current reporting period. The values in each item should be a non-duplicated count so the total of all values entered here should equal the value in item 1b in Section 2.1 (above). See item 2 (above) for definitions of each exit category.

**3a.Successful completion (active – still receiving services)**

**3b.Successful completion (inactive – no longer receiving services)**

**3c.Dropped out/lost contact**

**3d.Non-compliant (asked to leave)**

**3e.Arrest/incarceration**

**3f. Services determined not appropriate**

**3g. Other**

If you enter any value for this item, item i will appear below.

i. **Please describe the individuals exiting in the “Other” category.**

2.2 – Successful Exit Demographics

Record the demographics information AT ENTRY for all participants who **successfully exited** your project during the current reporting period for each enrollment category (FIRST TIME or SECOND TIME OR MORE). The total of the numbers entered in each demographic section should equal the total number of participants successfully exiting from the relevant enrollment category (see items 2a/2b and 3a/3b in Section 2.1 above). For more detailed instructions on entering the demographic data, see instructions for [Part 2 of the QPR, Section 2.2](#).

1. 1<sup>st</sup> Time Enrollment Age (at entry)
2. 2<sup>nd</sup> Time Enrollment Age (at entry)
3. 1<sup>st</sup> Time Enrollment Gender (at entry)
4. 2<sup>nd</sup> Time Enrollment Gender (at entry)
5. 1<sup>st</sup> Time Enrollment Race/Ethnicity (at entry)
6. 2<sup>nd</sup> Time Enrollment Race/Ethnicity (at entry)
7. 1<sup>st</sup> Time Enrollment Risk Level (at entry)
8. 2<sup>nd</sup> Time Enrollment Risk Level (at entry)
9. 1<sup>st</sup> Time Enrollment Education Level (at entry)
10. 2<sup>nd</sup> Time Enrollment Education Level (at entry)
11. 1<sup>st</sup> Time Enrollment Employment Status (at entry)
12. 2<sup>nd</sup> Time Enrollment Employment Status (at entry)
13. 1<sup>st</sup> Time Enrollment Housing Status (at entry)
14. 2<sup>nd</sup> Time Enrollment Housing Status (at entry)

## Section 3 – Outcomes

Of the participants who **successfully completed** the project during the current reporting period (items 1a and 1b in Section 2.1 above), enter the total number of participants who demonstrated the positive outcomes listed below as applicable for your project workplan/goal(s) for those participants. You only need to list values for project outcomes that are applicable to your project plan/goals for participants. These outcomes are project-defined and measured. However, measurement methods should be in place, defined, and assessed based on status at entry and exit.

Note: Individual participants should only be reported once per outcome item (with the exception of those who enrolled in the project more than two times), during the entire grant. This allows us to track the total number of participants with positive outcomes. Participants may be reported in multiple outcomes (e.g., a participant may have improved education status, increased protective factors, and avoided recidivating while enrolled) and in multiple enrollment categories (FIRST TIME, or SECOND TIME OR MORE). The value entered for each item should not exceed the total successful completions (still active or inactive) entered in items 2a/2b for First Time Exits or 3a/3b for Second Time or More exits in Section 2.1.

### 1. 1<sup>st</sup> Time Enrollments Positive Outcomes:

#### a. Did not recidivate while enrolled:

Indicate the number of participants that did not recidivate (using the BSCC definition of recidivism<sup>4</sup>) after they were enrolled in your project. This can be based on self-report on the part of the participants.

#### b. Reduced number of violent incidents while enrolled:

Indicate the number of participants that reduced the amount of violence and/or violent incidents while they were enrolled in your project. This can be based on self-report on the part of the participants.

#### c. Reduced at-risk/criminal behaviors while enrolled:

Participants who had a lower risk level after successfully completing your project than they did when they were first enrolled in your project.

Assessments vary, but common examples include improvement from high to medium risk, medium to low risk, or a decrease on a quantitative scale (e.g., improving from a risk status of “8” to “6”). This determination should be made with a standardized assessment tool and/or by a mental health or criminal justice professional. It is NOT appropriate to report a reduced risk status based on personal interactions or anecdotes.

#### d. Reduced levels of gang involvement:

Indicate the number of participants that reduced their involvement in gang activities after they were enrolled in your project. This can be based on self-report on the part of the participants.

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<sup>4</sup> The BSCC defines recidivism as the conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction ([link](#)).

**e. Improved academic status:**

Participants who raised their grades and/or GPA, improved grade level performance, or met any other short-/long-term academic goals before successfully exiting your project.

**f. Improved employment status:**

Participants who were classified as “looking for employment” at entry found some form of employment before successfully exiting your project.

**g. Increased protective factors:**

Participant is exiting your project with improved protective factors/resiliency skills compared to when they were first enrolled in your project. This could mean a verified increase in a participant’s self-control, decision making, self-image, ability to adapt in the face of adversity, or social competence.

**h. Other positive outcomes:**

Participants successfully exited your project with a positive outcome(s) not described above.

**2. 2<sup>nd</sup> Time Enrollments Positive Outcomes:** See above for definitions.

**a. Did not recidivate while enrolled**

**b. Reduced number of violent incidents while enrolled**

**c. Reduced at-risk/criminal behaviors while enrolled**

**d. Reduced levels of gang involvement**

**e. Improved academic status**

**f. Improved employment status**

**g. Increased protective factors**

**h. Other**