# Proposition 64 Grant | Quarterly Progress Report – Cohort 3

## Quarterly Progress Report – Part 1: General Project Overview
## Youth Cannabis Use: Prevention & Intervention / Enrollments; Public Health Awareness & Education; and Cannabis Compliance and Enforcement

## Grantee Information

| | |
|---|---|
| 1.  Grantee: | Date Submitted: |
| 2.  BSCC Grant Award Number: | 3.  Prepared by: |
| 4.  Email: | 5.  Phone: |
| 6.  Preparer's Role(s): | 7.  Current Reporting Period: |

8. Would you like any technical assistance?

    **8a**. **(if yes to 8)** Please describe the type and nature of the assistance you would like.

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## SECTION 1: General Project Overview

Provide a general overview of your project's status and activities *during the current reporting period*. The information in this section will mainly be used by the BSCC for grant monitoring.

### A. Expenditure Status

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

**1.** Proposition 64 Grant Award Amount:

**2.** Amount invoiced to-date:

**3.** Percent of Award Invoiced-to-Date:

**4.** In relation to the overall grant budget, are Proposition 64 Grant funds being expended as planned and on schedule?

    **4a. (if no to 4)** If not, please explain why. Describe any corrective actions needed.

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# SECTION 2: Project Status

## Section 2A: Project Inputs & Implementation

Indicate the status of each of your project implementation activities below by using the checkboxes provided (select only one per activity). Please use the definitions below to respond to each category or mark. Select "N/A" for any activity that does not apply to your project. For each activity provide a narrative description of progress, accomplishments, and/or challenges your project has faced in the current reporting period. *Note: when all applicable components are "complete/established," document the quarter in which that occurred. For the remaining quarters note the date of completion for the activity.*

| Not Started | Planning | Implementation Started | Complete/ Established | N/A |
|---|---|---|---|---|
| Have not yet been able to focus on project activity. | Have started preparations and plans to being implementing activity. | Your project has initiated implementing this component, but it may not yet be fully developed and/or need refinement. | Project activity is fully in place/completed and supporting project goals. | Does not apply to your project in particular. |

| **1. Partnerships:** Formal relationships between agencies, schools, and/or community organizations to support project goals. | |
|---|---|

**1a. (if not "N/A" to 1)** Describe:

| **2. Staffing and/or Volunteers:** Hiring/securing people for positions needed to complete programming. | |
|---|---|

**2a. (if not "N/A" to 2)** Describe:

| **3. Training:** Training provided to staff, law enforcement, community members, etc. to support project goals. | |
|---|---|

**3a. (if not "N/A" to 3)** Describe:

| | |
|---|---|
| **4. Identification, Outreach, and Enrollment:** Process for identifying, conducting outreach, and enrolling youth into project intervention(s). | |
| **4a. (if not "N/A" to 4)** Describe: | |
| **5. Evidence-Based Programming:** Intervention based on strategies that are known to achieve positive youth outcomes, when applicable, programming should be trauma-informed and culturally relevant. | |
| **5a. (if not "N/A" to 5)** Describe: | |
| **6. Data Collection/Evaluation:** Systematic and ongoing data collection to measure participation and evaluation measures. | |
| **6a. (if not "N/A" to 6)** Describe: | |
| **7. Quality Assurance:** Methods in place to ensure interventions are being delivered as intended, and with fidelity to the proposed model(s). | |
| **7a. (if not "N/A" to 7)** Describe: | |

## Section 2B: Highlights & Project Activities

### 1. Overall Project Highlights
Please describe any overall project highlights and/or accomplishments that occurred during the current reporting period with your Proposition 64 Cohort 3 project.

### 2. Upcoming Project Activities
Please describe any significant project activities that will take place during the next reporting period that would be of particular interest for BSCC (e.g., trainings, community events, media events).

## Section 2C: Project Goals & Objectives
For the following items, please refer back to the Goals and Objectives you listed in your workplan submitted with your grant application. Enter the goals and objectives identified in your grant agreement. These goals will remain the same across the grant period. Please provide updates for each Goal/Objective listed on your project's workplan related to the current reporting period.

| Goal 1 and Objectives: | |
|---|---|
| **GOAL 1:** | |
| **Objective 1a.** | |
| **Objective 1b.** | |
| **Objective 1c.** | |
| **Objective 1d.** | |

### 1. Describe progress towards this goal and its objectives during this reporting period.

2. **Describe any challenges encountered while working towards this goal and its objectives during the reporting period. Describe how they were addressed.**

|  |
| --- |
|  |

| Goal 2 and Objectives: |
| --- |

| **GOAL 2:** |  |
| --- | --- |
| **Objective 2a.** |  |
| **Objective 2b.** |  |
| **Objective 2c.** |  |
| **Objective 2d.** |  |

1. **Describe progress towards this goal and its objectives during this reporting period.**

|  |
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|  |

2. **Describe any challenges encountered while working towards this goal and its objectives during the reporting period. Describe how they were addressed.**

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|  |

| Goal 3 and Objectives: |
| --- |

| **GOAL 3:** |  |
| --- | --- |
| **Objective 3a.** |  |
| **Objective 3b.** |  |
| **Objective 3c.** |  |
| **Objective 3d.** |  |

1. **Describe progress towards this goal and its objectives during this reporting period.**

<br>
<br>
<br>

2. **Describe any challenges encountered while working towards this goal and its objectives during the reporting period. Describe how they were addressed.**

<br>
<br>
<br>

## Section 3: Description of Project Activities

Please classify your project's purpose area(s), describe risk/needs assessments used, identify project activities, tell us how you define when a participant has successfully completed your project and how you define when an enforcement and compliance activity and/or service has been successfully completed.

| **Project Purpose Areas**<br><br>(Select all that apply)<br>This is used to identify which ProjectPurpose Area(s) the project is focusing on. | **Project Purpose Area 1-** *Youth Development / Youth Prevention and Intervention* | |
| --- | --- | --- |
| | **Project Purpose Area 2-** *Public Health* | |
| | **Project Purpose Area 3-** *Public Safety* | |
| | **Project Purpose Area 4-** *Environmental Impacts* | |

### Section 3A: Youth Cannabis Use: Prevention and Intervention

**1. Risk/Needs Assessments Used:**

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

| **Yes:** | |
| --- | --- |
| **No:** | |

**1a. (Yes)** Describe the criminogenic assessment(s) used for identifying a youth's level of risk and/or their needs.:

<br>
<br>

**2. Youth Development Activities & Case Management**

Indicate which of the following activities are elements of your project (select all that apply). There will also be room for you to describe any project activities not listed here.

**1a. Academic support/tutoring:**

**1b. Behavior change plans:**

**1c. Career counseling/job shadowing:**

**1d. Individual/family support services:**

**1e. Individual/group counseling:**

**1f. Individual/group mentoring:**

**1g. Leadership/mentor training:**

**1h. Life skills training:**

**1i. Ongoing assessment of risk/needs:**

**1j. Pro-Social activities/recreational events:**

**1k. Referral/linkages to community-based support services:**

**1l. Referral/linkages to mental health services:**

**1m.Referral/linkages to substance use services:**

**1n. Referral/linkages to any other services:**

**1o. Skill building activities:**

**1p. Substance use awareness education:**

**1q. Workshops:**

**1r. Other (describe below):**

**(if a response other than Not Applicable to 1r)** Please describe what project activities fall under "Other":

**3. How do you define "success" for youth in terms of these project activities?**

Describe the measurable milestone(s) of success your project uses to determine when a youth has successfully completed services (e.g. counseling, substance use services, pro-social activities, mentoring, individualized case plan development and completion, etc.). Note that you will use this definition for identifying those youth who are "successfully exiting" your project when you complete Section 4. This definition could be an amount of time in pro-social activities, a dosage of services received, improvement in an outcome measure, or other definition specific to your project.

**Section 3B: Public Health Awareness and Education in Schools and Communities**

**1. Public Health Awareness & Education Activities**
Indicate which of the following activities are elements of your project (select all that apply). There will also be room for you to describe any project activities not listed here.

**1a. Elementary School educational presentations:**

**1b. Middle School / Junior High educational presentations:**

**1c. High School educational presentations:**

**1d. Community Educational Events / Presentations:**

**1e. Social Media Campaigns:**

**1f. Other (describe below):**

> **(if a response other than Not Applicable to 1f)** Please describe what project activities fall under "Other":

**2. How do you define "success" for public health awareness, education in school and communities in terms of these project activities?**
Describe the measurable milestone(s) of success your project uses to determine when public health awareness, education in schools and communities have been successfully completed (e.g. social media campaigns, community events, school education events, etc.).

**3. Public Health Awareness and Education in Schools and Community Quarterly Activities:**
Report the total number of project activities completed *during the current reporting period* to increase public health awareness and education about cannabis among school children, young adults, school district staff, teachers, parents, and members of the community, if applicable. If the project did not complete these activities this quarter, report zero. If the project will not ever be implementing these activities, report N/A.

Only report activities that are for a general audience and not for participants who are enrolled in active case management and/or have progress tracked over time.

**a. Total # of educational event(s):**

**1. Total # of students who attended the above event(s):**

**2. Total # of teachers who attended the above event(s):**

| | |
|---|---|
| 3. Total # of other school district staff who attended the above event(s): | |
| **b. Total # of community educational event(s):** | |
| 1. Total # of youth potentially reached during the above event(s): | |
| 2. Total # of adults potentially reached during the above event(s): | |
| **c. Total # of social media campaign educational activities:** | |
| 1. Total # of youth potentially reached during the above events: | |
| 2. Total # of adults potentially reached during the above events: | |
| 3. Total # of social media materials (handouts/pamphlets, commercials, websites, etc.) created: | |
| 4. Total # of social media "hits" captured: | |

## Section 3C: Cannabis Compliance and Enforcement

### 1. Compliance & Enforcement Activities
Indicate which of the following activities are elements of your project (select all that apply). There will also be room for you to describe any project activities not listed here.

| | |
|---|---|
| **1a. Aerial/satellite surveillance of land:** | |
| **1b. Cannabis retailer education/outreach/training** | |
| **1c. Compliance monitoring of permitted operations** | |
| **1d. Cultivation eradication:** | |
| **1e. Environmental assessments:** | |
| **1f. Identification of illegal cultivation areas:** | |
| **1g. Land remediation:** | |
| **1h. Law Enforcement investigations:** | |
| **1i. Testing illegal cannabis products:** | |
| **1j. Water remediation:** | |
| **1k. Other (describe below):** | |

**(if a response other than Not Applicable to 1f)** Please describe what project activities fall under "Other":

| |
|---|
| |

### 2. How do you define "success" for the activities completed?
Describe the measurable milestone(s) of success your project uses to determine when a cannabis compliance and enforcement activity has been successfully completed (e.g. compliance monitoring/code enforcement initiated and completed, investigations initiated and completed, eradication goals met, etc.). Note that you will use this definition for identifying those activities which are "successfully completed" when you complete the following section. This definition could be an

amount of activities completed, a dosage of activities delivered (e.g. retailer education, retailer training, etc.), improvement in an outcome measure, or other definition specific to your project.

## 3. Compliance & Enforcement Activities

Report project activities *during the current reporting period* focused on cannabis compliance and enforcement. Of the total number of activities that were successfully completed during this reporting period (as per the line labelled "Successful Completion" in question 2. above), enter the total number of activities that demonstrated the positive outcomes listed below as applicable for your project plan/goal(s). Each line should represent an unduplicated count of an activity. This allows for tracking the total number of activities with positive outcomes. If the project did not complete these activities this quarter, report zero. If the project will not ever be implementing these activities, report N/A.

| | |
|---|---|
| **a.  Total # of Cannabis Operations-related Educational, Informational or Outreach Events Completed:** | |
| 1.  **Total # of retailers who were contacted:** | |
| 2.  **Total # of retailors with increased knowledge of cannabis code and regulation:** | |
| 3.  **Total # of retailors with increased awareness of youth cannabis use and illicit cannabis:** | |
| **b. Total # of Compliance/Code Enforcement Activities Completed:** | |
| 1.  **Total # inspections completed:** | |
| 2.  **Total # of code enforcement actions/violations found:** | |
| 3.  **Total # of code enforcement actions/violations resolved:** | |
| **c. Total # of Enforcement Activities Completed:** | |
| 1.  **Total # of aerial/satellite surveillance inspections completed:** | |
| 2.  **Total # of illegal cultivation areas identified:** | |
| 3.  **Total # of unlicensed cannabis growth investigations completed:** | |
| 4.  **Total # of unpermitted plants identified and eradicated:** | |
| 5.  **Total # of environmental inspections completed:** | |
| 6.  **Total # of complaints resolved:** | |

## SECTION 4: Youth Enrollment Quarterly Totals

In this section, report the total number of youth that were referred to and enrolled in your project, their demographic data, as well as their participation in development activities and case management *during the current reporting period*.

### 1. Does your project enroll participants?
Indicate whether your project enrolls participants.

| Yes: | |
|------|---|
| No: | |

### 4.1 Youth Referrals & Enrollments
Record the number of youth referred to and enrolled in your project *during the current reporting period*. **Do not include non-enrolled youth participants, such as students within a classroom, those reached via social-media campaigns, etc.**

Each line should represent an unduplicated count of individuals. Line a. should include all individual youth referred to the project. This should only count each individual one time, even if they were referred multiple times this quarter or during a previous quarter.

For the purpose of data tracking, we will separate out data for youth enrolled in your project into the two enrollment cohort categories. Line b. should show the number of youth enrolling in the project for the FIRST TIME this reporting period. Any reenrollments will be counted on line c. SECOND TIME, as needed. Youth can "re-enter" the project if they exit for <u>any reason</u> and reenroll.

The TOTAL number of youth enrolled this quarter for each enrollment category should match their respective total lines of Entry into Services this Quarter (Point of Youth Diversion and Youth Participation Status), Age Groups, Gender Identity, Race/Ethnicity, Education Status, Employment Status and Risk Status.

- <u>FIRST TIME Enrollment Cohort</u>: Youth that have entered the project for the first time during the current reporting period.
- <u>SECOND TIME Enrollment Cohort</u>: Youth that entered the project, left the project during any prior reporting period, and then reenrolled during the current reporting period.

| | |
|---|---|
| a. **Total Youth Referred to Project:** | |
| b. **Total Youth Enrolling for the FIRST TIME:** | |
| c. **Total Youth Enrolling for the SECOND TIME:** | |

### 4.2 Youth Enrollment Data
In this section, report data for youth entering your project for the First Time or Second Time. If a youth has exited the project for any reason and returned, they are considered a "re-entry". All data for youth re-entering the project will be recorded in the SECOND TIME Enrollments column below, as appropriate.

The TOTAL number of youth reported on respective total lines of all boxes in Section a. Point of Entry (Source of Referrals, Point of Youth Diversion and Youth Participation Status), Section b. Demographics of Youth at Enrollment (Age Groups, Gender Identity, Race/Ethnicity, Education Status, Employment Status and Risk Status) should equal and match the corresponding cells in 4.1.a, 4.1.b and 4.1.c.

For example: if 25 participants were referred (a.) and 15 enrolled for the first time (b.), then the totals for Source of Referrals, Point of Youth Diversion, Youth Participation Status, Age Groups, Gender Identity, Race/Ethnicity, Education Status, Employment Status and Risk Status should each equal 15 participants.

### a. Point of Entry:

Report the number of youth entering your project based on the source of their referral, the point of diversion, and participation status *during the current reporting period.* Report only one referral source per participant.

### 1. Source of referrals (into your services):

| Source of Referrals (into your services): | 1.FIRST TIME Enrollments | 2.SECOND TIME Enrollments |
|---|---|---|
| a. Probation | | |
| b. Court | | |
| c. Community Organization | | |
| d. School/Truancy | | |
| e. Police/Law Enforcement | | |
| f. Service Referral | | |
| g. Self or Family Referral | | |
| h. Outreach | | |
| i. Other | | |
| Describe (If yes to 1h): Use this text box to provide the description | | |

### 2. Point of Youth Diversion:

| Point of Youth Diversion: | 1.FIRST TIME Enrollments | 2.SECOND TIME Enrollments |
|---|---|---|
| a. No contact with law enforcement | | |
| b. Informal contact with law enforcement | | |
| c. Pre-adjudication | | |
| d. Post-adjudication | | |
| e. Unknown | | |

### 3. Youth Participation Status:

| Youth Participation Status: | 1.FIRST TIME Enrollments | 2.SECOND TIME Enrollments |
|---|---|---|
| a. Mandated | | |
| b. Voluntary | | |

### b. Demographics of Participants at Enrollment:

Report the demographic information for youth enrolling in your project *during the current reporting period* for each enrollment cohort. This section should be a non-duplicated count of the youth your project served, so the totals for each enrollment cohort should equal lines 4.1 b, and c, respectively, in box 4.1 above.

### 1. Age Groups:

| Age Groups | 1.FIRST TIME Enrollments | 2.SECOND TIME Enrollments |
|---|---|---|
| **a.** 12 years or younger | | |
| **b.** 13-17 years | | |
| **c.** 18-20 years | | |
| **d.** Unknown | | |

### 2. Gender Identity:

| Gender Identity | 1.FIRST TIME Enrollments | 2.SECOND TIME Enrollments |
|---|---|---|
| **a.** Female | | |
| **b.** Male | | |
| **c.** Non-binary/3rd Gender | | |
| **d.** Transgender Male to Female | | |
| **e.** Transgender Female to Male | | |
| **f.** Prefer to Self-Define | | |
| **g.** Prefer Not to State | | |
| **h.** Unknown | | |

### 3. Race/Ethnicity:

| Race/Ethnicity | 1.FIRST TIME Enrollments | 2.SECOND TIME 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 | | |

### 4. Education Status:

| Education Status | 1. FIRST TIME Enrollments | 2. SECOND TIME Enrollments |
|---|---|---|
| **a.** Enrolled in Elementary School | | |
| **b.** Enrolled in Middle School / Junior High | | |
| **c.** Enrolled in High School | | |
| **d.** Enrolled in College / Other school / Training Program | | |
| **e.** Not Enrolled/Highest Completed – High School Diploma or GED | | |
| **f.** Not Enrolled/Highest Completed – Did Not Graduate | | |
| **g.** Not Enrolled/Highest Completed – Other | | |
| Describe (If yes to 1g): Use this text box to provide the description | | |
| **h.** Unknown | | |

### 5. Employment:

| Employment Status | 1. FIRST TIME Enrollments | 2. SECOND TIME Enrollments |
|---|---|---|
| **a.** Student | | |
| **b.** Employed | | |
| **c.** Not employed | | |
| **d.** Unknown | | |

### 6. Risk Status:

| Risk Status | 1. FIRST TIME Enrollments | 2. SECOND TIME Enrollments |
|---|---|---|
| **a.** Low Risk | | |
| **b.** Medium Risk | | |
| **c.** High Risk | | |
| **d.** Unknown | | |

c. **Actively Engaged Youth & Development Activities and Case Management Services Provided during the Reporting Period**
This section captures a snapshot of actively engaged youth this quarter, regardless of enrollment quarter.

**1. Total Number of Actively Engaged Youth during the Reporting Period**
Record the total number of youth currently enrolled in your project who are actively engaged and participating in each activity *during the current reporting period*. ***This includes youth enrolled in this and prior quarters who continue to engage in***

***services offered.*** "Actively Engaged" is defined as: receiving services during the reporting period. This figure provides a snapshot in time of participants served during the reporting period. Include those youth who are identified as "Successfully Completed – Still Active" in these counts (see Section 4.1b).

| | |
|---|---|
| **Total # of Actively Engaged Youth this Quarter** | |

## 2. Total Number of Development Activities and Case Management Services during the Reporting Period

For Actively Engaged Participants (see c.1), report the number of youth who received/participated in each of the services or activities below at any time *during the current reporting period*. The same participant may be reported across multiple services or activities and quarters. The purpose of this table is to provide a 'snap-shot' of the project participation during the reporting period, so the total number of **participants receiving each service** should be provided rather than a count of how many of how many times a service was provided.

For example: if a youth received three group mentoring sessions *during the current reporting period*, they would only be counted **one time** in a column: under "Mentoring". However, if a youth received one group mentoring session and one academic tutoring session *during the current reporting period*, they would be counted **twice** in a column: once under "Mentoring" and once under "Academic support/tutoring".

Include those participants who are identified as "Successfully Completed – Still Active" in these counts (see Section 4.1.b.). These activities/services represent those identified as part of your project on page 6. If the project did not complete these activities this quarter, report zero. If the project will not ever be implementing these activities, report N/A.

| Actively Engaged Youth | 1. FIRST TIME Enrollments | 2. SECOND TIME Enrollments |
|---|---|---|
| 1. Academic support/tutoring: | | |
| 2. Behavior change plans: | | |
| 3. Career counseling/job shadowing: | | |
| 4. Individual/family support services: | | |
| 5. Individual/group counseling: | | |
| 6. Individual/group mentoring: | | |
| 7. Leadership/mentor training: | | |
| 8. Life skills training: | | |
| 9. Ongoing assessment of risk/needs: | | |
| 10. Pro-Social activities/recreational events: | | |
| 11. Referral/linkages to community-based support services: | | |
| 12. Referral/linkages to mental health services: | | |
| 13. Referral/linkages to substance use services: | | |
| 14. Referral/linkages to any other services: | | |

| | | |
|---|---|---|
| 15. Skill building activities: | | |
| 16. Substance use awareness education: | | |
| 17. Workshops: | | |
| 18. Other (describe below): | | |

**(if a response other than Not Applicable to 18)** Please describe
what project activities fall under "Other":

| |
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| |

d. **Did any enrolled participants exit your project during the current reporting period?**
Indicate 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".

| **Yes:** | |
|---|---|
| **No:** | |

If you select "Yes" you will be required to complete Part 2 of the QPR form for this quarter.

## SECTION 5: Additional Narrative

Please provide any additional narrative necessary to detail your project during current reporting period. If providing additional details in reference to a section within this report, please cite relevant section numbers. Any additional data that is project specific, which may help inform project progress, may be included here.

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| |