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| **SECTION 1: PROJECT INFROMATION** | | | |
| **GRANTEE NAME:** Options Recovery Services | | | |
| **PROJECT TITLE:** Violence Reduction Through Integrated Recovery Services | | | |
| **AGREEMENT NUMBER:** 869-18 | | **AWARD TOTAL:** $478,590 | |
| **REPORTING PERIOD (check applicable period):** | | | |
| **#1. 9/1/18-12/31/18**  **Due: 2/15/19** | **#2. 1/1/19-3/31/19**  **Due: 5/15/19** | **#3. 4/1/19-6/30/19**  **Due: 8/15/19** | **#4. 7/1/19-9/30/19**  **Due: 11/15/19** |
| **#5. 10/1/19-12/31/19**  **Due: 2/14/20** | **#6. 1/1/20-3/31/20**  **Due: 5/15/20** | **#7. 4/1/20-6/30/20**  **Due: 8/14/20** | **#8. 7/1/20-8/31/20**  **Due: 10/15/20** |

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| **SECTION 2: GOALS AND OBJECTIVES** |
| This section lists the goals and objectives contained in the original proposal on the Project Work Plan. Use this space to capture your progress in implementing the corresponding activities linked to each set of objectives. This is space for you to answer implementation questions such as: *Are the necessary staff in place? Are referrals coming at the expected rate? Have staff received training? Are classes being held? Are pre- and post-tests being administered consistently? Is the evaluator who will measure this outcome in place? Is the evaluator meeting regularly with partners? Are data collection agreements in place?* This is the not the place to report numerical data; that will be captured on Part 2 of the Progress Report. Provide clear and complete narrative responses, specific to this reporting period. |

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| **Goal (1)** | | Reduce violent behaviors among persons on probation or parole by providing comprehensive recovery services that include substance abuse recovery groups, case management, housing, violence reduction groups, mental health treatment, and other related services. | |
| **Objectives:** | | 1. Monitor provision of services to clients on probation and parole. | |
| 1. Monitor provision of violence reduction groups: anger management and mindfulness meditation. | |
| 1. Monitor expenses so they are consistent with the proposed budget. | |
| 1. Conduct ongoing meetings at least monthly that include project and clinical staff to address coordination of clinical and evaluation issues relevant to the project. | |
| 1. | Describe progress toward objectives A-D: | | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | | (Type Response Here) |

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| **Goal (2)** | | Design and implement an evaluation plan and data-based system to continuously inform and improve Options' integrated program. The evaluation system will be a new, permanent component of Options Recovery Services and will be used to assess operations and outcomes as well as implementation and evaluation of the CAVIP grant. | |
| **Objectives:** | | 1. Refine the Logic Model. | |
| 1. Design the data-based system. | |
| 1. Conduct project evaluation. | |
| 1. Ensure case managers who conduct evaluation interviews are trained and supervised in administration of the GAIN. | |
| 1. | Describe progress toward objectives A-D: | | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | | (Type Response Here) |

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| **Goal (3)** | | Continuously collaborate with service providers in the community to address diverse client needs. Maintain collaboration with local and national associations to inform our knowledge of evidence -based interventions, available resources, and appropriate training for staff. Collaborations will include California Wellness, Alameda County BHCS and the National Prevention Science Coalition to Improve Lives. | |
| **Objectives:** | | 1. Liaison with appropriate violence prevention programs and organizations. | |
| 1. Liaison with various community programs providing services that Options clients require. | |
| 1. Ensure latest evidence-based practices are implemented at Options. | |
| 1. Ensure staff training reflect latest innovations in the field. | |
| 1. Ensure that formerly-incarcerated peer counselors are trained in violence reduction techniques in addition to their certification in addiction treatment. | |
| 1. | Describe progress toward objectives A-E: | | (Type Response Here) |
| 2. | Describe any challenges toward meeting the stated goal and objectives: | | (Type Response Here) |
| 3. | If applicable, what steps were implemented to address challenges: | | (Type Response Here) |

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| **SECTION 3: NARRATIVE QUESTIONS** |
| This section asks common questions of all CalVIP grantees. Provide clear and complete responses, specific to this reporting period, to each question below. |

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

Yes  No

1. **If no, explain why and describe the plan to correct it.**

1. **In relation to the overall grant budget, are match funds being expended as planned and on schedule?**

Yes  No

1. **If no, explain why and describe the plan to correct it.**

1. **Are all grant-funded positions filled (includes the lead agency and any contracted agencies)?**

Yes  No

1. **If no, which grant-funded positions are unfilled, why, and what is the timeline to fill them?**

1. **How did your project ensure services are provided to the target population, as specified in the original proposal?**

1. **What quality assurance methods are in place to ensure all programs/services are delivered as intended and with fidelity to the approaches described in the original proposal?**

1. **If applicable, describe any grant-funded trainings occurring during the reporting period. Include the date(s), number of attendees and list of participating agencies.**

1. **Describe at least one grant-funded accomplishment during this reporting period.**

1. **Describe any significant grant-funded activities occurring in the next reporting period (e.g. trainings, community events, etc.).**

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| **SECTION 4: OTHER/TECHNICAL ASSISTANCE** |
| This section allows grantees to include information not captured in other sections and to request technical assistance. |

1. **Would you like to request technical assistance? Please check one:**

Yes  No

1. **If yes, describe the nature of the request:**

1. **Provide any additional information (not already covered in other sections) that you think is important to share with BSCC, including media coverage, awards or recognition, special events, etc.**

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| **REPORT SUBMISSION** | |
| **PREPARED BY:** | **TITLE:** |
| **EMAIL:** | **TELEPHONE NUMBER:** |
| **DATE SUBMITTED:** |  |
| **BSCC CONTACT INFORMATION** | |
| Please email **Parts 1 and 2** to [CalVIP-2@bscc.ca.gov](mailto:CalVIP@bscc.ca.gov). For questions please contact Angela Ardisana at (916) 323-8580 or [angela.ardisana@bscc.ca.gov](mailto:angela.ardisana@bscc.ca.gov). | |