Progress Report Form

General Fund and Formula Federal Grant Funds

PROGRESS REPORT: September 2013

| Valencia County RAC | | | | |
|---|-------------|--|--|--|
| Sandoval Reception and Assessment Center - Alternative to Detention Program | | | | |
| Performance Measures | Data | Description | | |
| 1.) Grant funds awarded for the program/services | \$38,481.00 | CYFD Continuum Grant Funds awarded to the program. | | |
| 2.) Use of best practice models? | NA | Cite program or a curriculum which is designated best practice or promising approach. By whom? | | |
| 3.) Number of youth referred to the program. | 16 | New referrals made to the program during the reporting period. Count each referral as one. Referrals may come from various sources: self, JPO, School | | |
| 4.) Number of intake completed by program staff. | 16 | Number of youth referred to the program who met with a program representative to complete the intake process during the reporting period. | | |
| 5.) Number of youth referred to the program eligible for services. | 16 | Youth who completed the intake process and were eligible for services during the reporting period. | | |
| 6.) Number of eligible youth to enroll in the Program. | 16 | Number of youth with a start date during the reporting period. *If a youth agrees to the program but their START DATE falls outside of the reporting period. Take care to include their data on the PRF for the correct reporting period. For example, a youth has their intake on 6/27 and start the program on 7/1. Their intake is counted for the June reporting period PRF. However, they are not counted as enrolled until the July reporting period PRF. Indicate number who declined participation within the narrative. | | |
| 7.) Number of new youth enrolled: Demographics . | No Value | Gender: (13)Male and (3) Female Ethnicity: (7) Hispanic, (3) Caucasian, (0)African American, (6) Native or Pac. Islander * The total youth counted in #7 should match with #6. This is the breakdown of new youth only. | | |
| 8.) Number of youth active in the program during the reporting period. | 16 | Includes carry-over youth from the previous reporting period plus all new youth enrolled during the reporting period. Does NOT count youth who are pending a start date during a future reporting | | |

| | | period. |
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| 9.) Number of juveniles who successfully complete the program. | 0 | Number of youth who completed all of the requirements for successful program completion during the reporting period . Number of youth who were DISQUALIFIED from the program for failure to comply with program requirements should be included in the narrative. Number of youth who remain PENDING completion into the next reporting period should be included in the narrative. |
| 10.) The number and percent of program youth who offend while participating in the program or who reoffend within 90 days of completing a program. | NA | Number of youth who receive a delinquent charge while active in the program. Plus Number of youth who receive a delinquent charge within 90-days of successfully completing the program. For both: Do not include status offenses unless client is on probation and the SO results in a probation violation or petition being filed. Do not include school disciplinary infractions unless they are charged with a delinquent act. Do not include program rule/policy violations. A program violation which leads to unsuccessful discharge is documented in section #9. To calculate percentage of recidivism: (Youth who offend while active + 90 day completers with a new offense) divided by (Active program youth + 90 day completers w/out new offense) |
| 11. c.) Cost analysis of savings to the city/county that can be attributed to the program. | \$2,320.00 | # of completed Intake Assessments:\$ *****FOR EXAMPLE ONLY***** # of hours of Youth Skill Sessions: \$ # hours of supervised Community Service: \$ # of families # hours of Parent/Youth Sessions: \$ # of tracking contacts: \$ Case Management to # clients (3Hr/mo.): \$ Rate figured at \$16/hour, JPO base wage for staff qualified to provide such services. |

| Maintain A Juvenile Justice Continuum Advisory Board | | | | |
|--|--------|-------------|--|--|
| Performance Measure | Number | Description | | |
| The Board includes representation from all required | | | | |
| agencies. | | | | |
| The Board meets regularly and a quorum is | | | | |
| maintained. | | | | |
| The Board sets policy for the Comprehensive | | | | |
| Strategy Plan and the activities. | | | | |
| The Board provides oversight for the programs. | | | | |

Note that you may develop and include additional Activities and Performance measures that are specific to your contract. Please submit the completed form to:

CYFD Federal Grants Unit P.O. Drawer 5160, Room 209 Santa Fe, NM 87502