

Violence Prevention & Intervention - Quarterly Progress Report

Contractor Identification

Page description:

This information is ***required*** to begin the Progress Report survey.

1. Please provide your name and email address. (For any follow-up that may be needed.) *

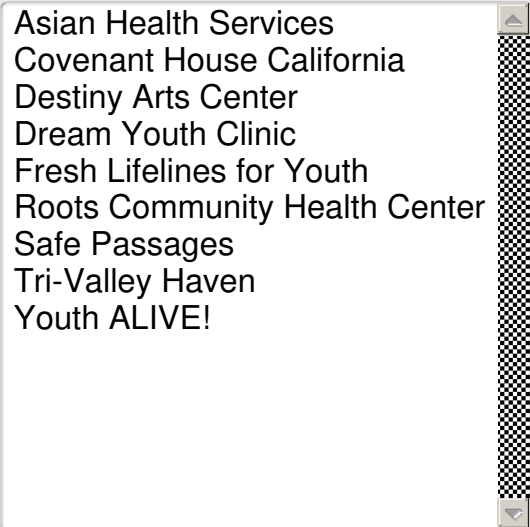
Name

Email

2. Identify the Program Category that you are reporting for. *

- ☐ Category 1: Direct Violence Prevention & Intervention Services
- ☐ Category 2: Youth Suicide Prevention and Crisis Response
- ☐ Category 3: Violence Prevention Workforce Healing and Wellness

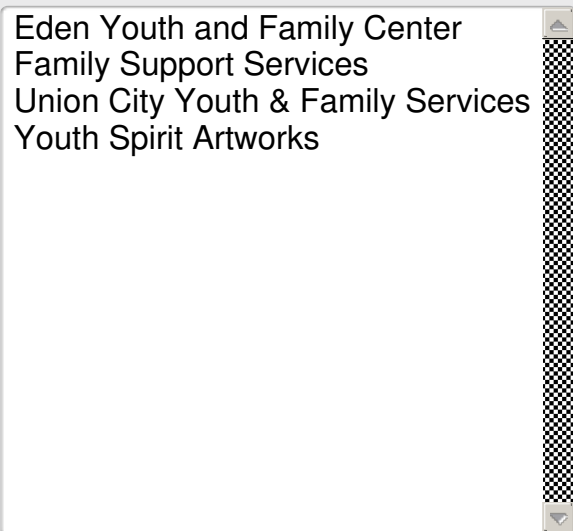
3. Select the name of your Category 1 organization. *



A dropdown menu with a list of organizations. The list is contained within a white rectangular box with a thin border. To the right of the text is a vertical scrollbar with a checkered pattern. At the top right of the box is a small upward-pointing arrow, and at the bottom right is a small downward-pointing arrow.

- Asian Health Services
- Covenant House California
- Destiny Arts Center
- Dream Youth Clinic
- Fresh Lifelines for Youth
- Roots Community Health Center
- Safe Passages
- Tri-Valley Haven
- Youth ALIVE!

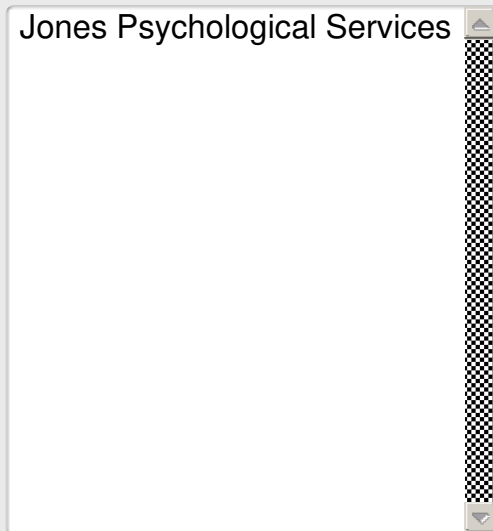
4. Select the name of your Category 2 organization. *



A dropdown menu with a list of organizations. The list is contained within a white rectangular box with a thin border. To the right of the text is a vertical scrollbar with a checkered pattern. At the top right of the box is a small upward-pointing arrow, and at the bottom right is a small downward-pointing arrow.

- Eden Youth and Family Center
- Family Support Services
- Union City Youth & Family Services
- Youth Spirit Artworks

5. Select the name of your Category 3 organization. *



6. Select the reporting period. *

- ☐ 1: November 1, 2024 - December 31, 2024 (Due: January 15, 2025)
- ☐ 2: January 1, 2025 - March 31, 2025 (Due: April 15, 2025)
- ☐ 3: April 1, 2025 - June 30, 2025 (Due: July 15, 2025)
- ☐ 4: July 1, 2025 - September 30, 2025 (Due: October 15, 2025)

Please be advised that completion of this Quarterly Progress Report may initially take up to an hour. There is a progress bar to track completion and you may select 'Save & Continue Later' to pause and return to the report at a later time.

Client Outreach & Engagement (Part 1)

Page description:

Provide demographic information of the clients served during this reporting period.

7. How many community members did your program outreach to during the quarter?

This count should include all community members your program made contact with during the quarter whether or not they enrolled in services.

8. How many clients did your program serve directly (i.e., provided care/case management support and/or resources to) during the quarter? *

9. Please indicate the Race/Ethnicity of the clients directly served by your program this quarter. *

Required. *Mark all that apply and complete the requested counts where indicated.*

☐ American Indian, Native American, or Alaska Native

☐ Asian

☐ Black, African, or African-American

☐ Hispanic or Latina/Latino/Latinx

☐ Native Hawaiian or Other Pacific Islander

☐ Middle Eastern or North African

☐ White

☐ Some Other Race or Ethnicity (write-in details) 1

☐ Some Other Race or Ethnicity (write-in details) 2

☐ Prefer not to answer

10. Please provide the number of clients who identified as American Indian, Native American, or Alaska Native race or ethnicity.

Count of Clients

American Indian

Alaska Native

Central or South American
Indian

Mam

Ohlone, including the
Chocehenyo, Karkin,
Ramaytush, Yokuts, and
Muwekma

Enter another option

Enter another option

Enter another option

11. Please provide the number of clients who identified as Asian race or ethnicity.

Count of Clients

Asian Indian

Bangladeshi

Chinese

Filipino

Hmong

Indonesian

Japanese

Korean

Pakistani

Sri Lankan

Taiwanese

Thai

Vietnamese

Enter another option

Enter another option

Enter another option

12. Please provide the number of clients who identified as Black, African, or African-American race or ethnicity.

	Count of Clients
African American/Black	<input type="text"/>
Ethiopian	<input type="text"/>
Haitian	<input type="text"/>
Jamaican	<input type="text"/>
Nigerian	<input type="text"/>
Somali	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>

13. Please provide the number of clients who identified as Hispanic or Latina/Latino/Latinx race or ethnicity.

	Count of Clients
Colombian	<input type="text"/>
Cuban	<input type="text"/>
Dominican	<input type="text"/>
Guatemalan	<input type="text"/>
Mexican or Mexican American	<input type="text"/>
Puerto Rican	<input type="text"/>
Salvadoran	<input type="text"/>
Venezuelan	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>

14. Please provide the number of clients who identified as Native Hawaiian or Other Pacific Islander race or ethnicity.

	Count of Clients
Chamorro	<input type="text"/>
Fijian	<input type="text"/>
Guamanian	<input type="text"/>
Native Hawaiian	<input type="text"/>
Marshallese	<input type="text"/>
Samoan	<input type="text"/>
Tongan	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>

15. Please provide the number of clients who identified as Middle Eastern or North African race or ethnicity.

	Count of Clients
Algerian	<input type="text"/>
Egyptian	<input type="text"/>
Iranian	<input type="text"/>
Lebanese	<input type="text"/>
Moroccan	<input type="text"/>
Palestinian	<input type="text"/>
Syrian	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>

16. Please provide the number of clients who identified as White race or ethnicity.

	Count of Clients
English	<input type="text"/>
German	<input type="text"/>
Irish	<input type="text"/>
Italian	<input type="text"/>
Polish	<input type="text"/>
Spanish/Spaniard	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>

17. Please provide the number of clients who identified as some other race or ethnicity.

Count of Clients

Enter another option	
Enter another option	
Enter another option	
Enter another option	
Enter another option	

18. Please indicate the **Age Ranges of the clients directly served** by your program this quarter. *

Required. Respondent must enter '0' if the age range is not applicable.

Count of Clients

0-17	
18-24	
25-34	
35-44	
45-54	
55-64	
65+	

19. Please indicate the **Age Ranges of the clients directly served** by your program this quarter. *

Required. Respondent must enter '0' if the age range is not applicable.

Count of Clients

0-12

13-17

18-25

Client Outreach & Engagement (Part 2)

Page description:

Provide **demographic information** of the clients served during this reporting period.

20. Does your organization collect Sexual Orientation and/or Gender Identity (SOGI) information on the clients who receive services? *

- ☐ Yes, we collect SOGI information and can provide where indicated below.
- ☐ Yes, we collect SOGI information, but are unable to provide it at this time.
- ☐ No, we do not collect SOGI information.
- ☐ Not applicable

21. Please provide Sexual Orientation information of the clients your program served directly.

	Count of Clients
Lesbian or Gay	<input type="text"/>
Straight (that is, not lesbian or gay)	<input type="text"/>
Bisexual	<input type="text"/>
Two-Spirit (a term used by some Native American/Indigenous individuals)	<input type="text"/>
Same Gender Loving (a term used by some Black/African American and Latinx/Hispanic individuals)	<input type="text"/>
Asexual	<input type="text"/>
Pansexual	<input type="text"/>
Don't Know	<input type="text"/>
Prefer Not to Answer	<input type="text"/>

22. Please provide Gender Identity information of the clients your program served directly.

	Count of Clients
Woman/female	<input type="text"/>
Man/male	<input type="text"/>
Non-Binary	<input type="text"/>
Genderqueer	<input type="text"/>
Two-Spirit (a term used by some Native American/Indigenous individuals)	<input type="text"/>
Don't Know	<input type="text"/>
Prefer Not to Answer	<input type="text"/>

23. Please provide the number of clients (unduplicated) directly served this quarter by city or unincorporated area of residence.

	Count of Clients
Alameda	<input type="text"/>
Albany	<input type="text"/>
Berkeley	<input type="text"/>
Dublin	<input type="text"/>
Emeryville	<input type="text"/>
Fremont	<input type="text"/>

Hayward

Livermore

Newark

Oakland

Piedmont

Pleasanton

San Leandro

Union City

Ashland

Castro Valley

Cherryland

Fairview

San Lorenzo

Sunol

Enter another option

Enter another option

24. Please identify the Top 5 Zip Codes where clients served by your program reside and indicate the number of clients served in each zip code.*

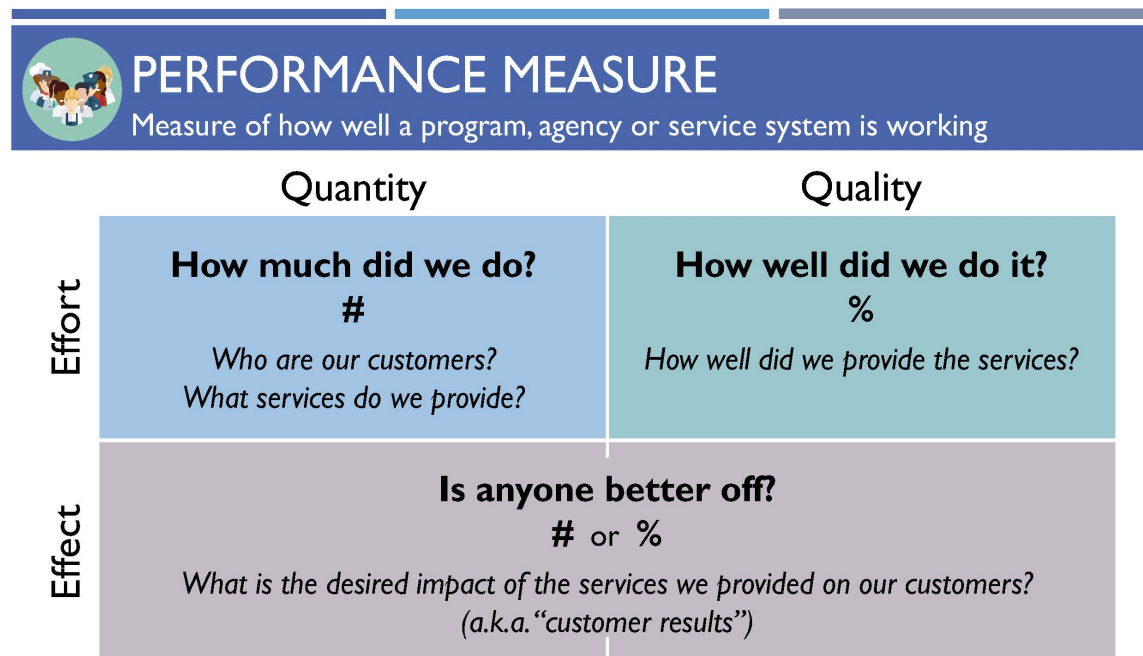
Required. Please indicate Top 5 by Zip Code - City: Count of Clients Served (#). For example:

94607 - Oakland: 30 clients; 94621 - Oakland: 20 clients; 94578 - San Leandro: 15 clients; 94544 - Hayward: 10 clients; 94566 - Pleasanton: 5 clients.

Program Performance

Page description:

Provide updates on how your organization has monitored program performance during this quarter.



Please reference your organization's submitted Implementation Plan for potential performance measures to include.

25. Please identify 1-2 key performance measures that describe the **amount of effort/activity performed** by your organization (e.g., the number of clients provided care/case management services - or - the number of group therapy sessions hosted).

*At least 1 performance measure is **Required**. Note: these measures will answer the question "How Much Did We Do?".*

Performance Measure #1 *

Data Value for Performance Measure #1 *

Notes (e.g., additional context or any other relevant information)

Performance Measure
#2

Data Value for Performance Measure
#2

Notes (e.g., additional context or any other relevant information)

26. Please identify 1-2 key performance measures that describe the **quality of services performed** by your organization (e.g., percent of clients satisfied/very satisfied with services - or - percent referrals converted to enrolled clients).

*At least 1 performance measure is **Required**. Note: these measures will answer the question "How Well Did We Do?".*

Performance Measure #3 *

Data Value for Performance Measure #3 (percent) *

Notes (e.g., additional context or any other relevant information)

Performance Measure
#4

Data Value for Performance Measure #4
(percent)

Notes (e.g., additional context or any other relevant information)

27. Please identify 1-2 key performance measures that describe the **impact of services performed** by your organization (e.g., number/percent of program-enrolled clients who demonstrate improved techniques to resolve conflicts - or - number/percent of students served who report better identification of mental health warning signs).

*At least 1 performance measure is **Required**. Note: these measures will answer the question "Is Anyone Better Off?".*

Performance Measure #5 *

Data Value for Performance Measure #5 *

Notes (e.g., additional context or any other relevant information)

Performance Measure
#6

Data Value for Performance Measure

#6

Notes (e.g., additional context or any other relevant information)

Program Successes & Challenges

Page description:

Share a success story and/or challenge that your organization observed when providing client services during this quarter.

28. Successes Observed During the Quarter

29. Challenges Observed During the Quarter

Implementation Plan Progress

Page description:

Please provide an update on the status of your implementation plan, highlighting any progress, challenges faced, and steps taken to stay on track.

30. Please upload a copy of your implementation plan with progress notes. *

Required. Max file size is 1MB.

Browse...

Congratulations, you've made it to the final Progress Report page!

Please review all form responses to ensure the information provided is correct before clicking 'Submit.'

Thank You!

Thank you for submitting your Violence Prevention & Intervention Quarterly Progress Report.

If you have any questions about your responses or would like to receive a copy of your results please reach out to the ACPHD Office of Violence Prevention at PublicHealthOVP@acgov.org.