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| **SECTION 1: PROJECT INFROMATION** |
| **GRANTEE NAME: Placer County Health and Human Services** |
| **PROJECT TITLE: ACTION Team: Promoting Community Health and Safety** |
| **AGREEMENT NUMBER: 547-19** | **AWARD TOTAL: $ 6,000,000** |
| **PROGRESS REPORT (Check Applicable Period)** |
| [ ]  **8/15/19 - 12/31/19** **Due: 2/15/20** | [ ]  **1/1/20- 3/31/20** **Due: 5/15/20** | [ ]  **4/1/20- 6/30/20** **Due: 8/15/20** | [ ]  **7/1/20- 9/30/20** **Due: 11/15/20** | [ ]  **10/1/20- 12/31/20** **Due: 2/15/21** |
| [ ]  **1/1/21- 3/31/21** **Due: 5/15/21** | [ ]  **4/1/21- 6/30/21** **Due: 8/15/21** | [ ]  **7/1/21-9/30/21 Due: 11/15/21** | [ ]  **10/1/21- 12/31/21** **Due: 2/15/22** | [ ]  **-1/1/22- 3/31/22** **Due: 5/15/22** |
| [ ]  **4/1/22- 6/30/22** **Due: 8/15/22** | [ ]  **7/1/22- 9/30/22** **Due: 11/30/22** | [ ]  **10/1/22- 12/31/22** **Due:2/15/23** | [ ]  **1/1/23- 12/31/22 Due: 3/31/23** |  **Grant Conclusion** |

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| **SECTION 2: GOALS AND OBJECTIVES** |
| This section lists the goals and objectives that were developed by the grantee. Provide clear and complete responses, specific to this reporting period, to each prompt listed below. |

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| **Goal (1)**  | Transition individuals from jail, and deliver multidisciplinary, integrated AT services. |
| **Objectives:** | 1. Increase identification and assessment of culturally-diverse individuals who meet AT criteria
 |
| 1. Increase the number of individuals and families who receive and complete AT services
 |
| 1. Increase the number of individuals who avoid new offenses and convictions
 |
| 1. Deliver AT services to improve outcomes and increase diversion from jail;
 |
|  | 1. Link individuals to needed services to achieve and sustain positive outcomes
 |
| 1. | Describe progress towards each stated objective (A-E): |       |
| 2. | Describe any challenges towards meeting the stated goal and objectives: |       |
| 3. | If applicable, what steps were implemented to address challenges: |       |

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| **Goal (2)**  | Reduce homelessness of AT members |
| **Objectives:** | 1. Increase the number and percent of individuals who are living in stable housing
 |
| 1. Deliver housing-related assistance and services
 |
| 1. Deliver AT advocacy services to build and sustain positive social connections
 |
| 1. | Describe progress towards each stated objective (A-C): |       |
| 2. | Describe any challenges towards meeting the stated goal and objectives: |       |
| 3. | If applicable, what steps were implemented to address challenges: |       |

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| **Goal (3)**  | Reduce recidivism of AT members |
| **Objectives:** | 1. Increase the number of individuals who complete vocational and educational activities
 |
| 1. Increase the number of employed individuals; c) Teach healthy communication skills
 |
|  | 1. Deliver support services to family members
 |
| 1. | Describe progress towards each stated objective (A-C): |       |
| 2. | Describe any challenges towards meeting the stated goal and objectives: |       |
| 3. | If applicable, what steps were implemented to address challenges: |       |

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| **SECTION 3: NARRATIVE QUESTIONS** |
| This section asks common questions of all Prop 47 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?**

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

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

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)?**

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 were provided to the Prop 47 target population?**
* People who have been arrested, charged with, or convicted of a criminal offense AND have a history of mental health issues or substance use disorders.

1. **How did your project ensure services were provided in locations accessible to the target population?**

1. **How many times did the Proposition 47 Local Advisory Committee convene? Include meeting dates and number of attendees.**

1. **What feedback did the community provide to the Proposition 47 Local Advisory Committee?**

1. **How did the project leverage grant funds? Include the source and the amount of the leveraged funds (e.g. $40,000 in Drug Medi-Cal funding was leveraged for…, $16,500 in Mental Health Services Act funding was leveraged for…).**

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. **Describe any grant-funded trainings occurring during the reporting period. Include the date(s) and number of attendees.**

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.)**

1. **Is the grant using an alternate recidivism definition in addition to the required definition?**

[ ]  **Yes** [ ]  **No**

1. **If yes, state the additional recidivism definition below.**

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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 upload Attachment 1 to <https://app.smartsheet.com/b/form/a97491478dc545be8dfb1087fa7999ea> |