ATTACHMENT A

Proposition 47 Cohort 3
Data Reporting Guide

Instructions for Quarterly
Data Reporting

November 2022

BSCC
CALIFORNIA

CONTENTS

INTRODUCTION

Lead agencies receiving Proposition 47 funds are required to submit deidentified participant measures to the Board of State and Community Corrections (BSCC) as part of the Quarterly Progress Report. The purpose of collecting these data is to demonstrate progress made on program objectives and to evaluate the impacts of Proposition 47 at the statewide level.

The purpose of this document is to
- Provide instructions for submitting data to the BSCC.
- Provide definitions for each of the required data variables.

BSCC PROPOSITION 47 EVALUATION CONTACT INFORMATION

Direct any questions regarding Proposition 47 data collection procedures to the Proposition 47 Evaluator at BSCCProp47Evaluator@bscc.ca.gov or 916-445-6027.

SECURITY INFORMATION

Data will be uploaded by the grantee to a Microsoft OneDrive via an Excel file. From there, the data will be automatically updated to a data file in Smartsheet.

- Information on Microsoft OneDrive security measures can be found at: https://support.microsoft.com/en-us/office/how-onedrive-safeguards-your-data-in-the-cloud-23c6ea94-3608-48d7-8bf0-80e142edd1e1.

- Information on Smartsheet security measures can be found at: https://www.smartsheet.com/trust/security.

Note that the BSCC will not request or retain any personal identifying information through this process.

DUE DATES

Data must be submitted quarterly as part of the Quarterly Progress Reports (QPR). See page 2 of the Grant Agreement for specific due dates.

GENERAL INSTRUCTIONS

Data will be entered into a pre-formatted Excel file which will be updated quarterly. Each grantee will have access to their own Microsoft OneDrive folder which will include the pre-formatted Excel data file. Using Smartsheet's Data Shuttle system, any new data will be extracted from the Excel data file and uploaded into a master sheet in

Smartsheet, an online data platform. You will not need to access Smartsheet to submit your quarterly data. You do not need any special software or licenses to enter the data.

Data Coordinator

Each lead agency is asked to designate a "Data Coordinator" who is responsible for maintaining the data in the system. All reminders and requests will be sent to this individual. Notify the Proposition 47 Evaluator of any Data Coordinator changes as soon as possible. Data Coordinators are expected to maintain contact with the BSCC and respond to BSCC data inquiries that may arise from the data screening process. A link to the OneDrive folder will be emailed to the Data Coordinator.

Checking the Data for Errors

Data Coordinators are responsible for ensuring the accuracy of the data being submitted. The BSCC encourages the Data Coordinator to complete quarterly data checks to ensure data accuracy.

Entering De-Identified Participant Data

New participant information will be added to the data file by creating a new Participant ID on a new row in the Excel data file. Quarterly data will be entered on that participant row throughout the duration of the grant in the cells for the corresponding quarter. Participation Status should be changed/updated quarterly, as appropriate.

If a participant exits the program with or without completing the program and returns at a later date, it is the responsibility of the Data Coordinator to update the participant record. Do not create a new record/Participant ID/row for a returning participant.

The Importance of Participation Status

All of the de-identified participant data must be assigned a Participation Status. The status of the participant determines the data fields that must be completed for that participant.

Specifically, depending on whether the participant received a one-time intervention service or enrolled determines what information is required. Most data fields are required if a participant is enrolled in a program. However, for individuals who receive a one-time intervention service, but were not enrolled, only demographic information and services provided are required. See Appendix B for a comprehensive list of required and optional reporting variables based on participation status.

Updates to participant status and services provided must be completed at the end of the reporting quarter for any participant whose Participant Status is:

- Enrolled, active participant (including returning participants)
- Enrolled, no contact in previous quarter
- Completed program requirements, still active

Returning Participants

If a participant exits the program, any subsequent quarterly reporting cells should remain blank, unless they return. If a participant exits the program prior to completing the program requirements and later returns, their Participation Status should be changed from "Exited prior to completing program requirements" to "Enrolled, active participant (including returning participants)", and services provided for the reporting quarter should be provided for the corresponding quarter.

If a participant completes the program requirements and continues to receive services, *or* later returns to receive additional services, their Participation Status should be "Completed program requirements, still active".

Who should be included in the file

Any participant who received any services during the reporting period should be included in the data file.

If a participant was assessed, but did not receive services, do not include them in the data file. The aggregated number of assessed participants will be collected in the quarterly narrative responses.

If a participant left the program (regardless of completing the program requirements) and returns to receive additional services, make sure that they are not assigned a new participant ID. Use the same Participant ID from when they originally enrolled in the program and begin entering services received in the corresponding quarter when they returned.

File Requirements

Do not change the name of the file in the OneDrive folder. This will affect Smartsheet's ability to automatically extract data from the data file.

COMPLETING THE QUARTERLY PROGRESS REPORTS

Grantees are required to complete two separate progress reports each quarter: De-Identified Participant Data and Narrative Responses. Below describes each report in greater detail.

De-Identified Participant Data

Refer to the Data Dictionary in Appendix A for variable definitions. A general description of the variables and corresponding formats within the Excel file is included below. Note that not all projects are providing all services identified in the data file. As such, there may be variables included in this guide that are not relevant for all projects.

Participant ID

The BSCC will assign a unique identification code that must be used as the first two digits of the Participant ID. Subsequent alphanumeric code will be determined by the lead agency. The code may be any combination of numbers and letters (please, no symbols or spaces). An example where the BSCC code is 'MC' would be MC473C2. All personal identifying information associated with the Participant ID will be maintained at the local level and not communicated to the BSCC.

The Participant ID field is required for all participants. **Make sure the ID entered into the Excel file matches local records,** as this will be the identifier used for that participant for all subsequent data entry.

Participation Status

Select the enrollment status of the participant (e.g. one-time intervention services, enrolled, completed) for the current reporting quarter. This field should be updated each quarter, as appropriate.

For participants whose Participation Status is categorized as "One-time intervention service", only demographic and support services received fields are required. All other fields are optional. If an individual is initially assigned this category and their Participation Status changes as they later receive more extensive services, their Participation Status should be updated accordingly, and all fields become required, unless otherwise noted.

Demographic Information

Demographic information is required for all participants. Demographic variables include age, gender, race/ethnicity, highest level of education completed, prior arrests, prior convictions and supervisory status (i.e., probation, parole, or PRCS status). These data fields should be completed at the time of enrollment.

Age

Enter the age of the participant at the time of enrollment or when services are first provided.

Gender

Report the participant's self-identified gender. A dropdown menu is built into the Excel file. Categories include, Male, Female, Non-binary/third gender, Prefer to self-define, and Prefer not to state.

Race/Ethnicity

Race/Ethnicity also includes a dropdown menu in the Excel file with several categories and subcategories. Select the category that the participant self-identified.

Level of Education

Highest level of education completed. This may be self-reported or documented. A dropdown menu is built into the Excel file.

Prior Arrests

Indicate whether the participant has previously been arrested for a criminal offense. This information may be obtained through self-report or documentation. This is a Yes/No response, and a dropdown menu is built into the Excel file.

Prior Convictions

Indicate whether the participant has previously been convicted of a criminal offense. This information may be obtained through self-report or documentation. This is a Yes/No response, and a dropdown menu is built into the Excel file.

Probation, Parole or PRCS

Indicate whether the participant has is currently on probation, parole or PRCS. This information may be obtained through self-report or documentation. This is a Yes/No response, and a dropdown menu is built into the Excel file.

Days Enrolled
Days Enrolled

Number of days enrolled in the program is a required field for all participants who successfully complete the program requirements. It is calculated by subtracting the program enrollment date from the program completion date and adding 1. If you prefer, you may choose to complete the Enrollment Date and Completion Date columns which will auto-calculate and auto-fill the Days Enrolled field[1].

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[1] Including Enrollment Date and Completion Dates may also be beneficial when reporting recidivism data. See page 8 of this document for additional details.

If a participant exits the program and then later returns, the Days Enrolled field should only include the number of days in the program, so the days between when they exited and returned must be subtracted out of the count. For these participants, using the Enrollment Date and Completion Date fields to auto-calculate is not an option.

Enrollment Date (optional)

This field may be used to auto-calculate the "Days Enrolled" column. Enter the date that the participant enrolls in the program.

Completion Date (optional)

This field may be used to auto-calculate the "Days Enrolled" column. Enter the date that the participant successfully completes the program requirements.

Pre- Post-Employment and Housing Status

For enrolled participants, employment and housing status at program enrollment and program completion are required. Additionally, indicate whether the participant identified employment or housing as a goal. Specific fields are described below.

Employment Status Enrollment

Employment status is required for all enrolled participants at program enrollment. A dropdown menu is built into the Excel file with employment categories.

Employment Status Completion

For participants who successfully complete the program requirements, employment status at program completion is required. A dropdown menu is built into the Excel file with employment categories.

Employment Goal

At the time of enrollment, report whether employment is a personal goal for the participant. A dropdown menu is built into the Excel file; options are Yes/No/Unknown.

Housing Status Enrollment

Housing status is required for all enrolled participants at program enrollment. A dropdown menu is built into the Excel file with housing categories.

Housing Status Completion

For participants who successfully complete the program requirements, housing status at program completion is required. A dropdown menu is built into the Excel file with housing categories.

Housing Goal

At the time of enrollment, report whether housing is a personal goal for the participant. A dropdown menu is built into the Excel file; options are Yes/No/Unknown.

Services

The next 19 columns make up the Services section. This section is repeated in the Excel file and each label begins with the quarter (Q1) followed by the type of service. To help distinguish quarters in the Excel file, each quarter is also indicated by a different color column (e.g., quarter 1 services are a yellow/gold color, quarter 2 services are light pink, etc.).

Services include: mental health treatment, substance use disorder detox treatment, substance use disorder inpatient treatment, substance use disorder outpatient treatment, diversion program, assistance with food, basic necessities, case management, education services, employment services, family services, health services, housing services, legal services, re-entry services, social services, transportation services, and other support services.

Definitions of each type of service are included in the Data Dictionary (See Appendix A) and/or in Attachment C: Glossary of Key Terms in the RFP (begins on page 36). With the exception of "Q# Description of Other Support Services", all service fields have a Yes/No dropdown. If a participant receives a service, select "Yes", if they do not receive a service, select "No" or leave blank.

If "Yes" is selected for "Q# Other Support Services", include a brief description in "Q# Description of Other Support Services".

All services data must be updated quarterly.

Narrative Responses

Narrative responses regarding progress during the reporting period are submitted directly into Smartsheet using a form. The form includes five sections:

- Expenditure Status: provide a high-level overview of your spending during the reporting period, including the amount invoiced to date and leveraged funds.

- Project Inputs and Implementation: a description of implementation activities, progress, accomplishments, and challenges during the reporting period.

- Goals and Objectives: a description of the progress made, and challenges encountered towards obtaining the goals identified in the Project Work Plan for the reporting period.

- Project Description: identify risk/needs assessments used, project activities, whether the services were provided directly or through a referral, and definition of program completion.

- Outreach, Engagement, and Assessment: indicate the number of activities, hours, and potential participants reached during the reporting period.

Use the following link to access the Narrative Response form:
https://app.smartsheet.com/b/form/adc3cfe9059b44a4bfc1b03de70dd21c

This link will also always be listed on the Proposition 47 Cohort 3 Resource Dashboard which can be found here:
https://app.smartsheet.com/b/publish?EQBCT=6c587eed3bcd43c2891531a41aa8cd8f

Note: this form *cannot* be saved and returned to at a later time, so it is recommended that you prepare your written responses on a separate document and cut and paste into the form.

REPORTING RECIDIVISM DATA

Recidivism status updates are expected for all participants included in the participant data file and will be collected annually.

Annual recidivism reporting includes only the BSCC definition of recidivism. Grantees may choose to include a local definition of recidivism that better suits the characteristics of the program or population. Any findings using a local definition can be reported in the final local evaluation report[2].

Recidivism Due Dates

Table 1: Recidivism Reporting Due Dates

Participants Receiving Services through Quarters	Data File Available in OneDrive	Recidivism Data Due to BSCC
Quarters 1 – 6[3]	3/30/2024	6/30/2024
Quarters 1 - 10	3/30/2025	6/30/2025
Quarters 1 - 15	3/30/2026[4]	6/1/2026

Recidivism Reporting Process

A recidivism reporting Excel data file will be placed in each grantee's OneDrive folder by the date indicated in Table 1. This data file will include the Participant IDs for all participants who received services during the reporting quarters (see Table 1), and recidivism reporting elements (described below). The Data Coordinator will receive an email when the data file is available.

Recidivism Reporting Variables

Participant ID
This field is pre-populated by BSCC. It will include all participant IDs from the Excel data file for the reporting quarters.

Enrollment Date
This field is pre-populated by BSCC. It will include participant enrollment date from the Excel data file, if this information is provided (it is an optional field). The enrollment date

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[2] If a local recidivism definition is reported in the final local evaluation report, it must be reported in addition to the BSCC definition of recidivism. See Final Evaluation Report Template for additional information.

[3] Grantees are not required to serve participants during the implementation period, but these quarters have been included if participants are served.

[4] Any participants receiving services for the first time between January 1, 2026 and March 1, 2026 will need to be added to the recidivism data file by the grantee, as BSCC will have not yet obtained quarterly reporting for that time period until after the recidivism data file is available.

is included in the Recidivism Reporting data file for convenience purposes only. The enrollment date of the participant or service date (for one-time interventions) is the reference date for calculating the number of days between enrollment and recidivating.

Recidivated

Indicate whether the participant recidivated using the BSCC definition of recidivism between the enrollment date or service date (for one-time interventions). Excel includes a dropdown menu is built into the Excel file; options are Yes/No/Unknown.

If a participant has not recidivated since enrolling in the program or receiving services, select "No" in the column labeled "Recidivated". No additional information is needed.

If a participant recidivated, select "Yes" in the column labeled "Recidivated" and complete the "Number of Days" field.

Number of Days

If a participant has recidivated, report the number of days between the enrollment date and the date of the recidivating event in the "Number of Days" column. If the participant only received one-time intervention services, report the number of days between the service date and the date of the recidivating event.

To calculate "Number of Days", subtract the program enrollment date from the recidivism date and add 1.

Note that the BSCC definition of recidivism requires the *conviction* of a misdemeanor or felony, however, use the date of the recidivating event, **not** the conviction date when reporting number of days.

If a participant has multiple offenses with different dates, and has been convicted of the multiple offenses, enter the date of the first/earliest offense. Make sure to report the date of the offense, not the date of the conviction.

Unknown Explanation

If the recidivism status of a participant is unknown, and "Unknown" is selected in the Recidivated column, provide a brief explanation as to why the recidivism status is unknown.

Use of the Unknown option should be kept to a minimum and is expected to be a temporary response that should be resolved by the next recidivism reporting period. An example of when select unknown is when the participant's information was submitted for recidivism data but did not match with a person in the database, and there was insufficient time to investigate the lack of a match.

NOTES FOR GRANTEES WHO RECEIVED COHORT 2 FUNDING

- The unique two-letter code to be included at the beginning of the Participant ID will remain the same as it was for Cohort 2.

- If you have a participant who started to receive services during Cohort 2 and will be carried over into Cohort 3, make sure to transition them at the end of a quarter/reporting period. Below is an example of transitioning participants at the end of a quarter.

    o Transition participants from Cohort 2 to Cohort 3 on January 1, 2023.

        ▪ Final reporting of the participant in the Cohort 2 data file should occur with Quarter 13.

        ▪ First reporting of the participant in the Cohort 3 data file should occur with Quarter 3.

    o If you are serving Cohort 2 participants until February 15, 2023 (last day to serve participants in Cohort 2), you must decide whether you will count them in Quarter 14 of Cohort 2 *or* Quarter 3 of Cohort 3, you cannot report them in both overlapping quarters.

    o Participation Status should be carried over from Cohort 2. For example, if a participant's Participation Status was "Completed program requirements, still active" in Quarter 13 of Cohort 2 and continued to receive services, so was transitioned to Cohort 3, their Participation Status in the Cohort 3 data file should be "Completed program requirements, still active".

    o For participants who transitioned from Cohort 2 to Cohort 3, Days Enrolled should be calculated using the enrollment date from Cohort 2.

    o Prior Arrests and Prior Convictions are required reporting fields for Cohort 3, even if a participant initially enrolled during Cohort 2. Self-report for these fields is acceptable.

    o For Employment and Housing Status at Enrollment, and Goals, please enter their status and goal when they enrolled in Cohort 2.

    o When reporting recidivism data, for the "Number of Days" field, use the enrollment date from Cohort 2 to calculate the number of days.

APPENDIX A: DATA DICTIONARY

Variables	Definition/Options for Dropdown	Secondary Definitions	Field Format	Reporting Requirements by Participation Status
Participant ID	Each participant should be assigned a unique identification code created at the local level to assist in tracking the individuals while maintaining anonymity. BSCC will assign each grantee with a two-letter code (e.g., MC) that all participant ID's should start with to ensure that there is no chance for duplication of participant IDs across grantees. The BSCC code should be followed by any combination of numbers and letters (no symbols).		Text Box	Required for all

Participation Status	Status of the participant at the end of the reporting quarter.		Drop Down	Required for all
	One-Time Intervention Service	Individuals who are receiving services only once, such as diversion to a sobering center or a mental health crisis response.		
	Enrolled, active participant (including returning participants)	A participant is considered "enrolled" when they have been admitted into the program and begin receiving services.		
	Enrolled, no contact in previous quarter	A participant is enrolled in the program using the above definition, but has not been in contact with staff and did not receive any services in the reporting quarter. It is up to each grantee to decide how long a participant may be out of contact with staff before considering them as exited the program without completing program requirements.		
	Exited without completing program requirements (regardless of reason)	A participant leaves the program (regardless of reason) prior to completing the program requirements. No additional reporting is required in future quarters unless the participant returns to the program at a later time.		
	Completed program requirements[5]	Grantees are required to submit a local definition of "program completion". No additional reporting is required in future quarters. If a participant continues to receive services after completing the program requirements or returns at a later time after completing the program requirements, use the		

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[5] Grantees are required to provide a definition of program completion.

		"Completed program requirements, still active" option.		
	Completed program requirements, still active	If a participant completes the program requirements, but continues to receive services or returns at a later time to receive additional services.		

Age	Number of years since birth, in whole numbers, at the time of enrollment.		Text	Required for all

Gender	Self-reported gender.		Dropdown	Required for all
	Male			
	Female			
	Non-Binary/Third Gender			
	Prefer to Self-Define			
	Prefer Not to State			

Race Ethnicity[6]	Self-identified Race/Ethnicity.		Dropdown.	Required for all
	American Indian/Alaska Native			
	Asian - Chinese			
	Asian - Japanese			
	Asian - Filipino			
	Asian - Korean			
	Asian - Vietnamese			
	Asian - Asian Indian			
	Asian - Laotian			
	Asian - Cambodian			
	Asian - Other			
	Black or African American			
	Hispanic, Latino, or Spanish			
	Middle Eastern/North African			
	Native Hawaiian/Pacific Islander - Native Hawaiian			
	Native Hawaiian/Pacific Islander - Guamanian			
	Native Hawaiian/Pacific Islander - Samoan			
	Native Hawaiian/Pacific Islander - Other			
	White			
	Two or more races			
	Other identified ethnic origin, ethnicity, or race			
	Unknown			
	Decline to State			

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[6] These categories and the identification process adhere to Government Code Sections 8310.5 and 8310.9.

Level of Education	Self-reported or documented highest level of education completed at the time of enrollment.		Dropdown	Required for all
	Enrolled in middle school	Is currently enrolled in middle school		
	Enrolled in high school	Is currently enrolled in high school		
	Enrolled in vocational training	Is currently enrolled in vocational training		
	Enrolled in 2/4 year college	Is currently enrolled in college		
	Some middle school	Did not graduate from middle school.		
	Some high school	Did not graduate from high school.		
	High school graduation or GED	Graduated from high school or passed the GED (General Education Development test) or HiSET (High School Equivalency Test).		
	Some college	Has completed some college courses or obtained an Associates Degree or other Certificate.		
	College graduate (4 year degree) or higher	Has completed a Bachelor's Degree or other four-year degree program, or has a graduate or professional degree.		
	Vocational Training	Completed a training program that prepares individuals for a specific job, trade or craft.		
	Other			
	Unknown			
	Decline to State			

Prior Arrests	Self-report or documented prior arrests for a misdemeanor or felony at date of enrollment.		Dropdown: yes/no	Required for all

Prior Convictions	Self-report or documented prior convictions for a misdemeanor or felony at date of enrollment.		Dropdown: yes/no	Required for all
Probation, Parole, or PRCS	Self-report or documented probation, parole, or post release community supervision (PRCS) status at date of enrollment.		Dropdown: yes/no	Required for all

Days Enrolled	Number of days enrolled in the program. Program completion date, minus the program enrollment date, plus 1. Use numerical values only. If there are multiple components that they enroll in at different times, use the earliest/first enrollment date and the latest/last completion date.	Example: 01/02/23 - 01/28/23 would be (28 - 02) +1 = 27 **Note**: if you enter the dates in the Enrollment Date and Completion Date fields, this field will auto-calculate	Numerical text	Required for all who complete the program requirements.
Enrollment Date (optional)	Date the participant enrolls in the program.		MM/DD/YYYY	Optional
Completion Date (optional)	Date the participant completes the program requirements.		MM/DD/YYYY	Optional

Employment Status Enrollment	Self-reported or verified employment status at the time of program enrollment.		Dropdown	Required for all enrolled participants. Not required for one-time interventions.
	Employed, full time	Participant is considered a "full-time" employee by their employer, usually 40 hours per week, or works multiple part-time jobs totaling at least 40 hours per week.		
	Employed, part time	Participant is considered a "part-time" employee by their employer, usually less than 40 hours per week.		
	Not working due to age, disability, student, volunteer or homemaker	Participant is too young to work, is of retirement age, disabled, a student, volunteer or homemaker.		
	Unemployed	Participant is not currently employed, and may or may not be looking for employment.		
	Other			

Employment Status Completion	Self-reported or verified employment status at the time of program completion.		Dropdown	Required for all enrolled participants. Not required for one-time interventions.
	Employed, full time	Participant is considered a "full-time" employee by their employer, usually 40 hours per week, or works multiple part-time jobs totaling at least 40 hours per week.		
	Employed, part time	Participant is considered a "part-time" employee by their employer, usually less than 40 hours per week.		
	Not working due to age or status (e.g., student, disability, volunteer, caregiver, etc.)	Participant is too young to work, is of retirement age, or not working for some other reason (student, disability, volunteer, caregiver, etc.).		
	Unemployed, looking for work	Participant is not currently employed, and is looking for employment.		
	Other			
Employment Goal	Indicate whether employment is a personal goal for the participant.		Dropdown: yes/no/unknown	Required for all enrolled participants. Not required for one-time interventions.

Housing Status Enrollment	Self-reported or verified housing status at the time of program enrollment.		Dropdown	Required for all enrolled participants. Not required for one-time interventions.
	Independent living/housing	An individual is able to maintain a residence, including the associated expenses (e.g., rent, utilities, etc.)		
	Family/relative homes	An individual is residing in a household where a family member maintains the residence.		
	Foster care	Individuals under the age of 18 that are in the legal guardianship or custody of a State, county, or private adoption or foster care agency, yet are cared for by foster parents in their own homes, under some kind of short-term or long-term foster care arrangement with the custodial agency.		
	Permanent Supportive Housing	An evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services.		
	Bridge Housing	Transitional housing that is used as a short-term stay when an individual has been offered and accepted a permanent housing intervention, but access to that permanent housing is still being arranged.		
	Transitional Housing	Designed to provide housing and appropriate supportive services to individuals to facilitate movement to independent living. The housing is short-term, usually less than 24 months.		

	Rapid Rehousing	An intervention designed to help individuals quickly exit homelessness and return to permanent housing without any preconditions.		
	Residential Treatment Program	Any facility, building, or group of buildings which is maintained and operated to provide 24-hour, residential, nonmedical, substance use disorder recovery or treatment services.		
	Sober Living Homes	A supportive alcohol and drug free living environment for individuals attempting to maintain abstinence from alcohol or drugs in their live.		
	Homeless	An individual who lacks a fixed, regular, and adequate nighttime residence; as well an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.		
	Other			

Housing Status Completion	Self-reported or verified housing status at the time of program completion.		Dropdown	Required for all enrolled participants. Not required for one-time interventions.
	Independent living/housing	An individual is able to maintain a residence, including the associated expenses (e.g., rent, utilities, etc.)		
	Family/relative homes	An individual is residing in a household where a family member maintains the residence.		
	Foster care	Individuals under the age of 18 that are in the legal guardianship or custody of a State, county, or private adoption or foster care agency, yet are cared for by foster parents in their own homes, under some kind of short-term or long-term foster care arrangement with the custodial agency.		
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	Sober Living Homes	A supportive alcohol and drug free living environment for individuals attempting to maintain abstinence from alcohol or drugs in their live.		
	Homeless	An individual who lacks a fixed, regular, and adequate nighttime residence; as well an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.		
	Other			

Housing Goal	Indicate whether housing is a personal goal for the participant.		Dropdown: yes/no/unknown	Required for all enrolled participants. Not required for one-time interventions.

Q# Mental Health Treatment	Indicate whether the participant received mental health treatment during the reporting period. Refer to Attachment C: Glossary of Key Terms in the RFP for additional information related to mental health treatment/services.	Select or type "Yes" if a participant received mental health treatment during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# SUD-Detox	Indicate whether the participant received detox treatment during the reporting period. Refer to Attachment C: Glossary of Key Terms in the RFP for additional information related to substance use disorder treatment.	Select or type "Yes" if a participant received detox treatment during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# SUD-Inpatient	Indicate whether the participant received inpatient/residential substance use disorder treatment during the reporting period. Refer to Attachment C: Glossary of Key Terms in the RFP for additional information related to substance use disorder treatment.	Select or type "Yes" if a participant received inpatient/residential substance use disorder treatment during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# SUD-Outpatient	Indicate whether the participant received outpatient substance use disorder treatment during the reporting period. Refer to Attachment C: Glossary of Key Terms in the RFP for additional information related to substance use disorder treatment.	Select or type "Yes" if a participant received outpatient substance use disorder treatment during the corresponding quarter/reporting period.	Yes/No	Required for all.

Q# Diversion Program	Indicate whether the participant engaged in a diversion program during the reporting period. Refer to Attachment C: Glossary of Key Terms in the RFP for additional information related to diversion programs.	Select or type "Yes" if a participant engaged in a diversion program during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Assistance with Food	Indicate whether the participant received services to help secure food. Examples include gift cards to grocery stores, snacks/meals, referral to food bank, etc.	Select or type "Yes" if a participant received assistance with food during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Basic Necessities	Indicate whether the participant received any basic necessities (excluding food), such as clothing, hygiene kits, use of phone chargers, etc.	Select or type "Yes" if a participant received basic necessities during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Case Management	Indicate whether the participant has someone that assesses, plans, implements, coordinates, monitors, and/or evaluates services.	Select or type "Yes" if a participant received case management during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Education Services	Indicate whether the participant received education related services or support, such as GED preparation, vocational training, college planning or enrollment, etc.	Select or type "Yes" if a participant received education services during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Employment Services	Indicate whether the participant received services or support to increase the likelihood of securing employment. Examples include assistance with preparing resumes, interview prep, job placement, etc.	Select or type "Yes" if a participant received employment services during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Family Services	Indicate whether the participant services designed to strengthen the family or assist with family needs. Examples include family reunification, child support services, childcare, etc.	Select or type "Yes" if a participant received family services during the corresponding quarter/reporting period.	Yes/No	Required for all.

Q# Health Services	Any type of medical service, except for mental health. Examples include physical exams, dental care, health assessments, and receiving treatment for medical conditions.	Select or type "Yes" if a participant received health services during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Housing Services	Indicate whether the participant received housing related support services provided. Refer to Attachment C: Glossary of Key Terms in the RFP for additional information related to housing services.	Select or type "Yes" if a participant received Housing services during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Legal Services	Indicate whether the participant received services or support to address a participant's legal issues. Examples include record expungement and reclassification of prior Prop 47 convictions.	Select or type "Yes" if a participant received legal services during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Re-entry Services	Indicate whether the participant received services while incarcerated to develop a plan to assist in re-entering society upon release from prison or jail. These services may be referred to as jail/prison in-reach, pre-release services, or re-entry services.	Select or type "Yes" if a participant received re-entry services during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Social Services	Indicate whether the participant received assistance with enrollment in govt programs such as MediCal, CalFresh, etc.	Select or type "Yes" if a participant received social services during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Transportation Services	Indicate whether the participant received transportation services. Examples include bus passes, Uber rides, gift cards to gas stations, etc.	Check the box if a participant received transportation services during the corresponding quarter/reporting period.	Yes/No	Required for all.
Q# Other Support Services	Indicate whether the participant received any other services or support not identified in other categories.	Select or type "Yes" if a participant received other support services during the corresponding quarter/reporting period.	Yes/No	Required for all.

Q# Description of Other Support Services	If "Other Support Services" is checked, please provide a brief description of those services.		Text box	Required if "Other Support Services" indicates "Yes"

APPENDIX B: REQUIREMENTS BY PARTICIPATION STATUS

Legend:
- 🔵 Required for all
- 🟢 Required for participants who completed program requirements
- 🟡 Optional reporting
- 🔴 Not applicable

Reporting Variables	One-Time Intervention	Enrolled, Active Participants
Participant ID	🔵	🔵
Participation Status	🔵	🔵
Age	🔵	🔵
Gender	🔵	🔵
Race Ethnicity	🔵	🔵
Level of Education	🔵	🔵
Prior Arrests	🔵	🔵
Prior Convictions	🔵	🔵
Probation, Parole, or PRCS	🔵	🔵
Days Enrolled	🔴	🟢
Enrollment Date (optional)	🔴	🟡
Completion Date (optional)	🔴	🟡
Employment Status Enrollment	🟡	🔵
Employment Status Completion	🔴	🟢
Employment Goal	🔴	🔵
Housing Status Enrollment	🟡	🔵
Housing Status Completion	🔴	🟢
Housing Goal	🔴	🔵
Q# Mental Health Treatment	🔵	🔵
Q# SUD-Detox	🔵	🔵
Q# SUD-Inpatient	🔵	🔵
Q# SUD-Outpatient	🔵	🔵
Q# Diversion Program	🔵	🔵
Q# Assistance with Food	🔵	🔵
Q# Basic Necessities	🔵	🔵
Q# Case Management	🔵	🔵
Q# Education Services	🔵	🔵
Q# Employment Services	🔵	🔵
Q# Family Services	🔵	🔵
Q# Health Services	🔵	🔵
Q# Housing Services	🔵	🔵
Q# Legal Services	🔵	🔵
Q# Re-entry Services	🔵	🔵
Q# Social Services	🔵	🔵
Q# Transportation Services	🔵	🔵
Q# Other Support Services	🔵	🔵
Q# Description of Other Support Services	🔵	🔵