

### Program Report Definitions

<b>Requirement</b>	<b>Definition</b>
Participant Number	Unique identifier for youth assigned by subgrantee
County	Youth's county of residence
First Referral	Is this the youth's first referral to the program/agency? <u>Drop Down Options:</u> <b>Yes</b> <b>No</b> <b>Unknown</b>
Age	Youth's age on date of referral to the program
Ethnicity	Youth's self-identified ethnicity
Race	Youth's self-identified race (Categories consistent with U.S. 2020 Census)
Sex	Youth's sex
Referral Source	Agency/Entity referring youth to the program EX: Probation, School, etc.
Referral Process Point	At what stage in the youth justice system process was the referral to the program made? <u>Drop Down Options:</u> <b>Pre-Referral to the legal system</b> – referral occurs before the formal system contact <b>Pre-Arrest</b> – referral occurs after law enforcement contact but before a formal arrest is made <b>Pre-Adjudication</b> – referral occurs after arrest/charge but prior to a formal adjudication finding <b>Adjudication</b> – referral occurs after a formal adjudication
IYAS Tool	What IYAS tool was used to determine risk level? <u>Drop Down Options:</u> <b>Diversion tool</b> <b>Detention tool</b> <b>Disposition screener</b> <b>Disposition tool</b> <b>Residential tool</b> <b>Reentry tool</b> <b>N/A</b>
IYAS Result	What was the result? <u>Drop Down Option:</u> <b>Low</b> <b>Moderate</b> <b>High</b> <b>Not applicable/did not administer IYAS</b>
Screening Tool	What tool was used? If other, please explain in next box. If none, select N/A. This question is only required for Behavioral Health Funding. <u>Drop Down Options:</u> <b>MAYSI-2</b>

	<b>SAVRY</b> <b>JDAI Detention Tool</b> <b>OTHER</b> <b>N/A</b>
Screening Result	What was the result?
Formal behavioral health assessment	Was there a formal behavioral health assessment completed? <u>Drop Down Options:</u> <b>Yes</b> <b>No</b>
Date of assessment	If a formal behavioral health assessment was completed, what date was it completed?
Offense	Please select specific offense, if known. <u>Drop Down Options:</u> <b>Animal Cruelty</b> <b>Arson</b> <b>Assault Offenses</b> <b>Bribery</b> <b>Burglary/Breaking &amp; Entering</b> <b>Counterfeiting/Forgery</b> <b>Destruction/Damage/Vandalism of Property</b> <b>Drug/Narcotic Offenses</b> <b>Embezzlement</b> <b>Extortion/Blackmail</b> <b>Fraud Offense</b> <b>Gambling Offenses</b> <b>Homicide Offenses</b> <b>Human Trafficking</b> <b>Kidnapping/Abduction</b> <b>Larceny/Theft Offenses</b> <b>Motor Vehicle Theft</b> <b>Pornography/Obscene Material</b> <b>Prostitution Offenses</b> <b>Purchasing Prostitution</b> <b>Robbery</b> <b>Sex Offenses</b> <b>Stolen Property Offenses</b> <b>Weapon Law Violations</b> <b>Unknown</b> <b>N/A</b>
Offense Classification	<u>Drop Down Options:</u> <b>Felony</b> <b>Misdemeanor</b> <b>Status Offense</b> <b>N/A</b>
Offense Level	<u>Drop Down Options:</u> <b>Level 1</b> <b>Level 2</b>

	<b>Level 3</b> <b>Level 4</b> <b>Level 5</b> <b>Level 6</b> <b>Class A</b> <b>Class B</b> <b>Class C</b> <b>Unknown</b> <b>N/A</b>
Delinquency History	Was this youth previously referred to the youth justice system for a prior incident or allegation? <u>Drop Down Options:</u> <b>Yes</b> <b>No</b> <b>Unknown</b>
Referral Date	Date the youth was referred to the program
Enrollment Status	Did the youth enroll in the program? <u>Drop Down Options:</u> <b>Yes</b> <b>No</b> <b>In-process</b>
Program Enrollment Date	If the youth that was referred to the program enrolled, what date did they enroll?
Program Completion	Did the youth complete the program? <u>Drop Down Options:</u> <b>Yes</b> <b>No/Did not finish</b> (please explain reasoning for not finishing in narrative box in next tab) <b>In-progress</b>
Program Completion Date	If the youth completed the program, what date did they complete?
Alleged New Offense	Did the youth allegedly commit a new offense while in the program or within 6 months of program completion? Include any charges filed in adult court for the youth. <u>Drop Down Options:</u> <b>Yes</b> <b>No</b>
Alleged New Offense Date	Date of alleged new offense
Alleged New Offense	Please select specific offense, if known. <u>Drop Down Options:</u> <b>Animal Cruelty</b> <b>Arson</b> <b>Assault Offenses</b> <b>Bribery</b> <b>Burglary/Breaking &amp; Entering</b> <b>Counterfeiting/Forgery</b> <b>Destruction/Damage/Vandalism of Property</b> <b>Drug/Narcotic Offenses</b>

	<b>Embezzlement</b> <b>Extortion/Blackmail</b> <b>Fraud Offense</b> <b>Gambling Offenses</b> <b>Homicide Offenses</b> <b>Human Trafficking</b> <b>Kidnapping/Abduction</b> <b>Larceny/Theft Offenses</b> <b>Motor Vehicle Theft</b> <b>Pornography/Obscene Material</b> <b>Prostitution Offenses</b> <b>Purchasing Prostitution</b> <b>Robbery</b> <b>Sex Offenses</b> <b>Stolen Property Offenses</b> <b>Weapon Law Violations</b> <b>Unknown</b> <b>N/A</b>
Alleged New Offense Classification	<u>Drop Down Options:</u> <b>Felony</b> <b>Misdemeanor</b> <b>Status Offense</b> <b>N/A</b>
Alleged New Offense Level	<u>Drop Down Options:</u> <b>Level 1</b> <b>Level 2</b> <b>Level 3</b> <b>Level 4</b> <b>Level 5</b> <b>Level 6</b> <b>Class A</b> <b>Class B</b> <b>Class C</b> <b>Unknown</b> <b>N/A</b>

Deliverables	Provide monthly progress update on deliverables.
Success Stories	Provide any success stories for youth participants during this reporting period.
Barriers/Other	Identify and describe barriers, if any, experienced during this reporting period. If barriers were overcome, explain how. Provide any additional information regarding the program during this reporting period.