



10 - JAG Behavioral Health Questionnaire

(Single Award of \$25,000 or more)

Recipient:

Award Number:

Reporting Period:

Completed By:

Date:

INSTRUCTIONS

The following pages outline the performance achievements for recipients of a single award of \$25,000 or more under the **JAG Behavioral Health Program Area**. The data collected from this form is used by OCJG members to report performance data in BJA's Performance Management Tool (PMT) system, as required by the state's federal JAG award.

FAILURE TO SUBMIT THE APPROPRIATE PERFORMANCE QUESTIONNAIRE(S) BY YOUR AGENCY'S REPORTING DEADLINE WILL RESULT IN THE WITHHOLDING OF FUNDS ON YOUR AWARD.

Please contact the Office of Criminal Justice Grants at (850) 617-1250 for any questions pertaining to this report.

GENERAL AGENCY INFORMATION

This section collects information on the state of your award and your organization in general. It should be completed by all recipients for EACH reporting period the award is active.

1. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year.

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program, and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals $15,000/50,000$, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be $35,000/50,000$, or 70 percent.

Funding Source	Percent of overall program funding
This JAG award	%
All other sources	%
Total	%



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2. Which of the following services does your program provide, regardless of JAG funding? *Check all that apply.*

Substance use disorder treatment

Mental health treatment

Co-occurring treatment (includes both substance abuse and mental health treatment)

3. What is the name of this program?

4. What was the initiation year of this program, regardless of when it received JAG funding?

5. Are you or a partner conducting an evaluation of this program?

If Yes, please describe the purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable.

6. Did the program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? A list of TTA providers can be found at <https://bjaojp.gov/training-technical-assistance>.

If Yes, please provide the name of the TTA provider:

If Yes, how satisfied were you with the services provided:

7. How many treatment staff are involved in this program? Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.

Total Number of Treatment Staff	Total Number of Treatment Staff that are JAG-Funded
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8. Of the total treatment staff entered above, how many treatment staff were licensed and/or certified in the following areas?

Staff	Total Number
Substance use disorder treatment	
Mental health treatment	
Co-occurring treatment	



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9. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs? If no, skip to question 11.
10. How would you rate the following partners based on this statement: "This partner is actively involved in the program." Please rate your partners on a scale of 1–5, with 5 being "Strongly Agree" and 1 being "Strongly Disagree".

State leadership (e.g., governor's office)

Tribal leadership

Local leadership (e.g., mayor's office)

Federal law enforcement agencies

State law enforcement agencies

Local law enforcement agencies

Victim services

Pretrial service organizations

U.S. Attorney's Office

Prosecution

Public defense

Courts

Community corrections (probation/parole)

Corrections

Health care providers

Mental health care providers

Substance use disorder treatment providers

Child protective services

Community-based service providers (e.g., housing, employment)

Community groups (e.g., neighborhood watch, community center)

Lived experience mentors

Faith-based organizations

Subject-matter experts

Foundations/philanthropic organizations

Researcher, evaluator, or statistical analysis center

Training and technical assistance providers

Tribal criminal justice agencies

Businesses

K-12 schools



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Public services (e.g., trash collection, public works)

Other (describe):

11. Please fill out the following table with the number of participants who received services as part of your program during the reporting period. Please report the entire participant population of your program.

Service Type	NEW participants added during reporting period	TOTAL participants enrolled as of last day of reporting period
Substance use disorder treatment only		
Mental health treatment only		
Co-occurring treatment		
Total		

12. Does your treatment program include medication-assisted treatment (MAT)?

If yes, which of the following medications are you utilizing, regardless of JAG funding? Select all that apply.

Naltrexone (Vivitrol®, depot naltrexone)

Buprenorphine (Suboxone®, naloxone, Bup/Nx)

Methadone

13. Of the total participants enrolled in your program, how many were deemed eligible for or received MAT during the reporting period?

Category	Total Number
Participants eligible for MAT	
Participants receiving at least one MAT session	

14. How often did your program conduct the following activities during the reporting period?

Tracked activity, progress, or performance using a database or spreadsheet

Conducted analysis to better understand a problem or program progress or to inform decision making in regard to your program/service

Screened participants for co-occurring disorders at intake

Screened participants for trauma at intake

Screened participants using a validated risk-needs assessment instrument



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Screened participants for suitability for group interventions and offered individual treatment as an alternative if appropriate

Other (describe):

15. Which of the following treatment strategies does your program employ, regardless of JAG funding? Select all that apply.

Mental health assessments
Substance use disorder assessments
Family/couples counseling
Individual therapy
Group therapy
Cognitive behavioral group therapy
Relapse prevention groups
Aftercare counseling
Drug/alcohol testing
Transitional housing assistance
Transitional employment services
Domestic violence/intimate partner services
Case management
Programs for the dually diagnosed
Inpatient substance use disorder treatment
Outpatient substance use disorder treatment
Ambulatory detoxification
Psychiatric services/psychotropic medication
Medication management services
Trauma therapy
Assertive community treatment
Illness management and recovery
Psychiatric emergency walk-in services
Supported housing
Vocational rehabilitation services
Other (describe):

16. For the following metrics, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A".



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Participants completing prescribed services (e.g., mental health services, substance use disorder treatment services, co-occurring services)

Participants who received direct services

Participants engaged in services

Participant satisfaction with services

Other (describe):

17. Does your program utilize group treatment, regardless of JAG funding?

If no, skip to question 19.

18. What is the average group size for the program's group treatment?

19. As of the last day of the reporting period, how many participants were retained (still active in treatment) after the following time periods? Please report the entire participant population of your program.

Time period	Number Retained
After 3 months	
After 6 months	
After 9 months	
After 12 months or more	

20. Does your agency/organization provide substance use disorder treatment, regardless of JAG funding? If no, this questionnaire is complete.

21. Does your treatment agency offer a continuum of care for substance use disorder treatment, including detoxification, residential treatment, sober living, day treatment, intensive outpatient treatment, and outpatient treatment services?

22. Of those enrolled in a substance use disorder treatment program for at least 90 days, please enter the number of participants who were tested and the number who tested positive for the presence of alcohol or illegal substances during the reporting period. Only count each participant once, regardless of the number of tests.



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Category	Total Number
Number of participants who were tested for the presence of alcohol or illegal substances during the reporting period, regardless of number of times tested	
Number of participants who tested positive for the presence of alcohol or illegal substances during the reporting period, regardless of number of positive results	

23. Does your agency/organization provide co-occurring services, regardless of JAG funding? If No, this questionnaire is complete.

24. Which of the following co-occurring treatment models do you follow, regardless of JAG funding?

Sequential: providing services for one disorder and then another

Parallel: concurrent treatment for mental health and substance use disorder

Integrated: treating both in the same setting



This completes your "Over \$25K" questionnaire reporting requirements. Please ensure you have also completed the JAG General Performance Questionnaire.