Subgrant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself. |  | **Strongly Disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly Agree** |
| *This partner is actively involved in the program* | **NA** | **1** | **2** | **3** | **4** | **5** |
| State/tribal leadership (e.g., governor’s office) |  |  |  |  |  |  |
| 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 defender/indigent defense |  |  |  |  |  |  |
| Courts |  |  |  |  |  |  |
| Community corrections (probation/parole) |  |  |  |  |  |  |
| Corrections |  |  |  |  |  |  |
| Health care providers |  |  |  |  |  |  |
| Mental health care providers |  |  |  |  |  |  |
| Substance abuse treatment providers |  |  |  |  |  |  |
| Child protective services |  |  |  |  |  |  |
| Community-based service providers  (e.g., housing, employment) |  |  |  |  |  |  |
| Community groups  (e.g., neighborhood watch, community center) |  |  |  |  |  |  |
| Faith-based organizations |  |  |  |  |  |  |
| Subject-matter experts |  |  |  |  |  |  |
| Foundations/philanthropic organizations |  |  |  |  |  |  |
| Researcher, evaluator, or statistical analysis center |  |  |  |  |  |  |
| Training and technical assistance provider(s) |  |  |  |  |  |  |
| Tribal criminal justice agencies |  |  |  |  |  |  |
| Businesses |  |  |  |  |  |  |
| K-12 schools |  |  |  |  |  |  |
| Public services (e.g., trash collection, public works) |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| How often did your program conduct the following activities during the reporting period? | **N/A** | **Don’t Know** | **Daily** | **Weekly** | **Monthly** | **Quarterly** |
| Utilized an assessment tool that measures the risks and needs of participants |  |  |  |  |  |  |
| Tailored responses/case planning based on the risk, needs, and responsivity principles |  |  |  |  |  |  |
| Encouraged the use of positive reinforcement |  |  |  |  |  |  |
| Engaged community and family support for inmates/detainees |  |  |  |  |  |  |
| Provided reentry planning services for inmates nearing release |  |  |  |  |  |  |
| Offered alternatives to segregation |  |  |  |  |  |  |
| Provided group instruction |  |  |  |  |  |  |
| Provided treatment to address criminal thinking |  |  |  |  |  |  |
| Provided behavioral health treatment |  |  |  |  |  |  |
| Tracked activity, progress, or performance using a database or spreadsheet |  |  |  |  |  |  |
| Conducted analysis to better understand a problem, program progress, or to inform decision making |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Utilized an assessment tool that measures the risks and needs of participants |  |  |  |  |  |  |

|  |  |  |  |  |
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| For the following metrics tracked quarterly, please indicate if it 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 it is not tracked, please select “NA/Not tracked quarterly.” | **N/A Not Tracked Quarterly** | **Decreased** | **Stayed Same** | **Increased** |
| Recidivism |  |  |  |  |
| Institutional violations |  |  |  |  |
| Completing services (e.g., education/GED, drug services, job training) |  |  |  |  |
| Number of people who received direct services |  |  |  |  |
| Client satisfaction with services |  |  |  |  |
| Number of inmate grievances filed regarding officer use of force |  |  |  |  |
| Number of inmate grievances filed regarding treatment by other inmates |  |  |  |  |
| Number of inmate grievances filed regarding healthcare |  |  |  |  |
| Number of reported cases of sexual abuse (e.g., inmate on inmate, staff on inmate, inmate on staff) |  |  |  |  |
| Number of substantiated cases of sexual abuse (e.g., inmate on inmate, staff on inmate, inmate on staff) |  |  |  |  |
| Number of reported cases of correctional officer use of force |  |  |  |  |
| Other metric |  |  |  |  |
| If other, please explain: |  |  |  |  |