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

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| 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* | **N/A** | **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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| **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** |
| 3 Months |  |
| 6 Months |  |
| 9 Months |  |
| 12 Months |  |

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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** |
| Individuals completing prescribed services (e.g., mental health services, drug treatment services, co-occurring services) |  |  |  |  |
| Individuals who received direct services |  |  |  |  |
| Individuals engaged in services |  |  |  |  |
| Client satisfaction with services |  |  |  |  |
| Other measure(s) of success |  |  |  |  |
| If Other, please explain |  |  |  |  |

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| **Which of the following treatment strategies does your program employ, regardless of JAG funding?** **Check all that apply.** |
| Mental health assessments |  | Acupuncture |  |
| Substance abuse assessments |  | Programs for the dually diagnosed |  |
| Family/couples counseling |  | Hospital inpatient substance abuse treatment |  |
| Individual therapy |  | Nonhospital residential substance abuse treatment |  |
| Group therapy |  | Ambulatory detoxification |  |
| Cognitive behavioral group therapy |  | Psychiatric services/psychotropic medication |  |
| Relapse prevention groups |  | Medication management services |  |
| Aftercare counseling |  | Peer recovery support services |  |
| Drug/alcohol testing |  | Trauma therapy |  |
| Transitional housing assistance |  | Assertive community treatment |  |
| Transitional employment services |  | Illness management and recovery |  |
| Domestic violence/intimate partner services |  | Psychiatric emergency walk-in services |  |
| Case management |  | Supported housing |  |
| Vocational rehabilitation services |  | Other (please describe) |  |

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| **How often did you provide each of the following services during the reporting period, regardless of JAG funding?** | **N/A** | **Don’t Know** | **Daily** | **Weekly** | **Monthly** | **Quarterly** |
| Tracked activity, progress, or performance using a database or spreadsheet |  |  |  |  |  |  |
| Conducted analysis to better understand a problem, 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 |  |  |  |  |  |  |
| Screened participants for suitability for group interventions and offered individual treatment as an alternative if appropriate |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| If Other, please explain |  |  |  |  |  |  |