

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
ACCOUNTABILITY MEASURES**

**BEHAVIORAL HEALTH MODULE**

This module is required for any grantee or subgrantee that uses JAG funding to provide behavioral health services such as substance use disorder treatment, mental health treatment, or co-occurring treatment as a standalone program.

NOTE: You must answer the following questions for **each** JAG-funded program that was operational during the reporting period.

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. *“This JAG award” refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter “100” for “This JAG award.” You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

**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	
<b>Total</b>	100%

2. Which of the following services does your program provide, regardless of JAG funding? *Check all that apply.*
  - A.  Substance use disorder treatment
  - B.  Mental health treatment
  - C.  Co-occurring treatment (includes both substance abuse and mental health treatment)
  
3. What is the name of this program?
  - A. Name \_\_\_\_\_
  
4. What was the initiation year of this program, regardless of when it received JAG funding?
  - A. Year \_\_\_\_\_

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5. Are you or a partner conducting an evaluation of this program, regardless of JAG funding?
  - A. Yes/No
  - B. If Yes, please summarize the following for the reporting period: 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://www.bjatrain.org>. Report additional TTA in the "Project Progress" module.
  - A. Yes/No
  - B. If Yes, please provide the name of the TTA provider \_\_\_\_\_
  - C. If Yes, how satisfied were you with the services provided?  
Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied
  
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.*
  - A. Total treatment staff \_\_\_\_\_
  - B. Of total, number of JAG-funded treatment staff \_\_\_\_\_
  
8. Of the total treatment staff entered above, how many treatment staff were licensed and/or certified in the following areas?
  - A. Substance use disorder treatment \_\_\_\_\_
  - B. Mental health treatment \_\_\_\_\_
  - C. Co-occurring treatment \_\_\_\_\_
  
9. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?
  - A. Yes/No **(if No, skip next question)**

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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 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
<i>This partner is actively involved in the program</i>	<b>N/A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
State leadership (e.g., governor’s office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor’s office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney’s Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors <sup>1</sup>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<sup>1</sup> Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

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Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>				
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>				
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>				
Businesses	<input checked="" type="radio"/>	<input type="radio"/>				
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>				
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>				

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. The JAG-funded portion will be prorated for you based on the information you previously provided.

Service type	NEW participants added during reporting period	Prorated total	TOTAL participants enrolled as of last day of reporting period	Prorated total
Substance use disorder treatment only		Autocalc		Autocalc
Mental health treatment only		Autocalc		Autocalc
Co-occurring treatment		Autocalc		Autocalc
TOTAL	Autosum	Autocalc	Autosum	Autocalc

12. If your treatment program includes medication-assisted treatment (MAT), which of the following medications are you utilizing, regardless of JAG funding? *Check all that apply.*
- A. \_\_\_\_ We do not provide MAT **(skip next question)**
  - B. \_\_\_\_ Naltrexone (Vivitrol®, depot naltrexone)
  - C. \_\_\_\_ Buprenorphine (Suboxone®, naloxone, Bup/Nx)
  - D. \_\_\_\_ Methadone
13. Of the total participants enrolled in your program, how many were deemed eligible for or received MAT during the reporting period?
- A. Participants eligible for MAT \_\_\_\_
  - B. Participants receiving at least one MAT session \_\_\_\_

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

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>				
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>				
Screened participants for co-occurring disorders at intake	<input checked="" type="radio"/>	<input type="radio"/>				
Screened participants for trauma at intake	<input checked="" type="radio"/>	<input type="radio"/>				
Screened participants using a validated risk-needs assessment instrument	<input checked="" type="radio"/>	<input type="radio"/>				
Screened participants for suitability for group interventions and offered individual treatment as an alternative if appropriate	<input checked="" type="radio"/>	<input type="radio"/>				
Other	<input checked="" type="radio"/>	<input type="radio"/>				
If Other, please explain						

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

- A. \_\_\_ Mental health assessments
- B. \_\_\_ Substance use disorder assessments
- C. \_\_\_ Family/couples counseling
- D. \_\_\_ Individual therapy
- E. \_\_\_ Group therapy
- F. \_\_\_ Cognitive behavioral group therapy
- G. \_\_\_ Relapse prevention groups
- H. \_\_\_ Aftercare counseling
- I. \_\_\_ Drug/alcohol testing
- J. \_\_\_ Transitional housing assistance
- K. \_\_\_ Transitional employment services
- L. \_\_\_ Domestic violence/intimate partner services
- M. \_\_\_ Case management
- N. \_\_\_ Programs for the dually diagnosed
- O. \_\_\_ Inpatient substance use disorder treatment
- P. \_\_\_ Outpatient substance use disorder treatment
- Q. \_\_\_ Ambulatory detoxification

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- R. \_\_\_\_ Psychiatric services/psychotropic medication
- S. \_\_\_\_ Medication management services
- T. \_\_\_\_ Peer recovery support services
- U. \_\_\_\_ Trauma therapy
- V. \_\_\_\_ Assertive community treatment
- W. \_\_\_\_ Illness management and recovery
- X. \_\_\_\_ Psychiatric emergency walk-in services
- Y. \_\_\_\_ Supported housing
- Z. \_\_\_\_ Vocational rehabilitation services
- AA. \_\_\_\_ Other (**please describe**) \_\_\_\_\_

16. For the following metrics tracked at least quarterly, 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/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Participants completing prescribed services (e.g., mental health services, substance use disorder treatment services, co-occurring services)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants engaged in services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other measure(s) of success	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

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

- A. Yes/No (**if No, skip next question**)

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

- A. Enter number \_\_\_\_\_

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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. The JAG-funded portion will be prorated for you based on the information you provided in Question 1.

Time period	Number retained	Prorated total
3 months		Autocalc
6 months		Autocalc
9 months		Autocalc
12 months or more		Autocalc

20. Does your agency/organization provide substance use disorder treatment, regardless of JAG funding?
- A. Yes/No **(if No, this completes this module)**
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?
- A. Yes/No
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.
- A. Number of participants **who were tested** for the presence of alcohol or illegal substances during the reporting period, regardless of number of times tested  
\_\_\_\_\_
- B. 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?
- A. Yes/No **(if No, skip next question)**
24. Which of the following co-occurring treatment models do you follow, regardless of JAG funding?
- A. \_\_\_\_ Sequential: providing services for one disorder and then another
- B. \_\_\_\_ Parallel: concurrent treatment for mental health and substance use disorder
- C. \_\_\_\_ Integrated: treating both in the same setting

**THIS COMPLETES THE BEHAVIORAL HEALTH MODULE**