STRATEGIC PLANNING [Also collected as 6-month interim data to note progress]

_____(Y/N) Have you formed a **planning committee** or team to produce a strategic plan to address required community organizations for the program?

If yes, report the number of individuals currently on this planning committee according to their primary role:
_____# Tribal leader
_____# healthcare provider
_____# behavioral health specialist
_____# chaplain
_____# traditional healer
_____# community volunteer
_____# addiction specialist
_____# peer recovery facilitator
_____# detention/probation officer
_____# law enforcement officer
_____# school administrator
_____# vocational training administrator
_____# housing administrator
_____# other

When will the strategic plan be (select only one option and provide month and year)
__Completed   __Update   _____Month _____Year

_____(Y/N) Have you formed a **policy committee** or team to produce a policy plan for local and networked agreements and protocols for a sufficient continuum of care for each: behavioral health services, methods of referrals, and partner agreements?

When will the policy plan be (select only one option and provide month and year)
__Completed   __Update   _____Month _____Year

What are the planned changes to local, regional, or federal policies needed for the success of your program and that of your local continuum of care?

_____(Y/N) Have you formed a **community assessment committee** (or team) to produce asset map that reveals strengths and weaknesses in the service workforce and service provisions, within the local continuum of care?

When will the asset map be (select only one option and provide month and year)
__Completed   __Update   _____Month _____Year

PERSONNEL TRAINING [Also collected as 6-month interim data to note progress]
Note: Please enter a value for every item, zero is a valid entry.

_____# Number of general community-based training events funded by the program and facilitated in this reporting period?

_____# Number of faith-based (spiritual/faith partners) training events funded by the program and facilitated in this reporting period?

_____# Number of clinical providers training events funded by the program and facilitated in this reporting period?

_____(Y/N) Did your program educate the community on preventing, treating, and aftercare of Substance Use Disorders (SUDs)? If No, the counts of participants are assumed to be zero.
_____# Total Participants
_____# Estimate Count of youth (17 and under)
_____# Estimate Count of youth (18-24)
_____# Estimate Count of adults (25-54)
_____# Estimate Count of adults (55 and up)
_____# Number of Physicians
_____# Number of Nurses
_____# Number of Behavioral Health /Mental Health Professionals
_____# Number of Non-Licensed Staff
_____# Number of Chaplains or equivalent Spiritual/Faith Leaders
_____# Number of Congregation-Based Volunteers
_____# Number of Tribal Elders
_____# Number of Teachers or School Leaders
_____# Number of Law Enforcement Officers
_____# Number of Child or Youth Protection Staff
Other professional staff, please describe
_____# Other professional staff, number

_____(Y/N) Did your program educate the community on safeguarding and properly disposing of controlled prescription medications? If No, the counts of participants are assumed to be zero.
_____# Total Participants
_____# Estimate Count of youth (17 and under)
_____# Estimate Count of youth (18-24)
_____# Estimate Count of adults (25-54)
_____# Estimate Count of adults (55 and up)
_____# Number of Physicians
_____# Number of Nurses
_____# Number of Behavioral Health /Mental Health Professionals
_____# Number of Non-Licensed Staff
_____# Number of Chaplains or equivalent Spiritual/Faith Leaders
_____# Number of Congregation-Based Volunteers
_____# Number of Tribal Elders
_____# Number of Teachers or School Leaders
_____# Number of Law Enforcement Officers
_____# Number of Child or Youth Protection Staff
Other professional staff, please describe
_____# Other professional staff, number

_____(Y/N) Did your program educate the community on recognizing signs of an opioid overdose and administering the opioid overdose reversal drug Naloxone (NARCAN)? If No, the counts of participants are assumed to be zero.

_____# Total Participants
_____# Estimate Count of youth (17 and under)
_____# Estimate Count of youth (18-24)
_____# Estimate Count of adults (25-54)
_____# Estimate Count of adults (55 and up)
_____# Number of Physicians
_____# Number of Nurses
_____# Number of Behavioral Health /Mental Health Professionals
_____# Number of Non-Licensed Staff
_____# Number of Chaplains or equivalent Spiritual/Faith Leaders
_____# Number of Congregation-Based Volunteers
_____# Number of Tribal Elders
_____# Number of Teachers or School Leaders
_____# Number of Law Enforcement Officers
_____# Number of Child or Youth Protection Staff
Other professional staff, please describe
_____# Other professional staff, number

_____(Y/N) Did your program educate the community on preventing, intervening, and post-intervention for suicide risk or events among adults? If No, the counts of participants are assumed to be zero.

_____# Total Participants
_____# Estimate Count of youth (17 and under)
_____# Estimate Count of youth (18-24)
_____# Estimate Count of adults (25-54)
_____# Estimate Count of adults (55 and up)
_____# Number of Physicians
_____# Number of Nurses
_____# Number of Behavioral Health /Mental Health Professionals
_____# Number of Non-Licensed Staff
_____# Number of Chaplains or equivalent Spiritual/Faith Leaders
_____# Number of Congregation-Based Volunteers
_____# Number of Tribal Elders
_____# Number of Teachers or School Leaders
_____# Number of Law Enforcement Officers
_____# Number of Child or Youth Protection Staff
Other professional staff, please describe
_____# Other professional staff, number

_____(Y/N) Did your program educate the community on preventing, intervening, and post-intervention for suicide risk or events among youth? If No, the counts of participants are assumed to be zero.

_____# Total Participants
_____# Estimate Count of youth (17 and under)
_____# Estimate Count of youth (18-24)

_____# Estimate Count of adults (25-54)
_____# Estimate Count of adults (55 and up)
_____# Number of Physicians
_____# Number of Nurses
_____# Number of Behavioral Health /Mental Health Professionals
_____# Number of Non-Licensed Staff
_____# Number of Chaplains or equivalent Spiritual/Faith Leaders
_____# Number of Congregation-Based Volunteers
_____# Number of Tribal Elders
_____# Number of Teachers or School Leaders
_____# Number of Law Enforcement Officers
_____# Number of Child or Youth Protection Staff
Other professional staff, please describe
_____# Other professional staff, number

_____(Y/N) Did your program educate the community on methods and tools for screening for suicide (e.g., ASQ instrument)? If No, the counts of participants are assumed to be zero.
_____# Total Participants
_____# Estimate Count of youth (17 and under)
_____# Estimate Count of youth (18-24)
_____# Estimate Count of adults (25-54)
_____# Estimate Count of adults (55 and up)
_____# Number of Physicians
_____# Number of Nurses
_____# Number of Behavioral Health /Mental Health Professionals
_____# Number of Non-Licensed Staff
_____# Number of Chaplains or equivalent Spiritual/Faith Leaders
_____# Number of Congregation-Based Volunteers
_____# Number of Tribal Elders
_____# Number of Teachers or School Leaders
_____# Number of Law Enforcement Officers
_____# Number of Child or Youth Protection Staff
Other professional staff, please describe
_____# Other professional staff, number

_____(Y/N) Did your program educate the community on methods and tools for referral pathways and connections, including those to clinics, chaplains, coaches, and others in the community? If No, the counts of participants are assumed to be zero.
_____# Total Participants
_____# Estimate Count of youth (17 and under)
_____# Estimate Count of youth (18-24)
_____# Estimate Count of adults (25-54)
_____# Estimate Count of adults (55 and up)
_____# Number of Physicians
_____# Number of Nurses
_____# Number of Behavioral Health /Mental Health Professionals
_____# Number of Non-Licensed Staff
_____# Number of Chaplains or equivalent Spiritual/Faith Leaders

_____# Number of Congregation-Based Volunteers
_____# Number of Tribal Elders
_____# Number of Teachers or School Leaders
_____# Number of Law Enforcement Officers
_____# Number of Child or Youth Protection Staff
Other professional staff, please describe
_____# Other professional staff, number

_____(Y/N) Did your program educate the community on the strengths that you identified from the community assessment process (e.g., resiliency factors)? If No, the counts of participants are assumed to be zero.
_____# Total Participants
_____# Estimate Count of youth (17 and under)
_____# Estimate Count of youth (18-24)
_____# Estimate Count of adults (25-54)
_____# Estimate Count of adults (55 and up)
_____# Number of Physicians
_____# Number of Nurses
_____# Number of Behavioral Health /Mental Health Professionals
_____# Number of Non-Licensed Staff
_____# Number of Chaplains or equivalent Spiritual/Faith Leaders
_____# Number of Congregation-Based Volunteers
_____# Number of Tribal Elders
_____# Number of Teachers or School Leaders
_____# Number of Law Enforcement Officers
_____# Number of Child or Youth Protection Staff
Other professional staff, please describe
_____# Other professional staff, number

_____(Y/N) Did your program address other topics as trainings for the community? If No, the counts of participants are assumed to be zero.
Please describe the other topics.
_____# Total Participants
_____# Estimate Count of youth (17 and under)
_____# Estimate Count of youth (18-24)
_____# Estimate Count of adults (25-54)
_____# Estimate Count of adults (55 and up)
_____# Number of Physicians
_____# Number of Nurses
_____# Number of Behavioral Health /Mental Health Professionals
_____# Number of Non-Licensed Staff
_____# Number of Chaplains or equivalent Spiritual/Faith Leaders
_____# Number of Congregation-Based Volunteers
_____# Number of Tribal Elders
_____# Number of Teachers or School Leaders
_____# Number of Law Enforcement Officers
_____# Number of Child or Youth Protection Staff
Other professional staff, please describe

ORGANIZATIONAL CAPACITY (supported by the grant budget)
Note: Please enter a value for every item, zero is a valid entry.

_____# How many full time equivalent (FTE) hired staff are planned for your program?
_____# How many individual staff have you hired for the program, to date?
_____# As of this reporting, what is the total FTE of program staff?
_____(Y/N) Does the planned staff include a long-term coordinator or director or leader?
_____# What is the FTE of the coordinator/director/leader?
_____# In this reporting period, how much FTE has been lost due to staff turnover?
What are the reason(s) for staff turnover (e.g., pandemic, salaries, budget)?

How has staff turnover affected the work of the program?

How many full time equivalent (FTE) volunteer are planned for your program?
_____# Total Volunteers
_____# Number of Physicians
_____# Number of Nurses
_____# Number of Behavioral Health /Mental Health Professionals
_____# Number of Non-Licensed Staff
_____# Number of Chaplains or equivalent Spiritual/Faith Leaders
_____# Number of Congregation-Based Volunteers
_____# Number of Tribal Elders
_____# Number of Teachers or School Leaders
_____# Number of Law Enforcement Officers
_____# Number of Child or Youth Protection Staff

_____#How many individual volunteers have you recruited for the program, to date?

PERCENTAGE OF BUDGET SET-ASIDE FOR VOLUNTEERS:
_____% Daily expenses or supplies?
_____% Service awards, stipends, or honorariums?
_____% Training?
_____% Transportation?
What are causes of any losses of service partner agreements or volunteers (e.g., expenses/supplies, awards/stipends/honorariums, training, and transportation)?

Which of the following of media campaign tools did your program have available for local promotion:
Note: Check all that apply.

__Facebook
__Tribal Website
__Podcast
__Twitter
__YouTube
__Instagram
__Good Health TV
__Other

If other, in as few words as possible describe

Number of paid media ads (radio/TV/billboard) by status:

Created   Launched

_____# Radio   _____# Radio

_____# TV   _____# TV

_____# Billboard   _____#Billboard

NOTE: THE FOLLOWING QUESTION IS USED TO PROMPT DIFFERENT SECTIONS.

Our program provides (Check all that apply)

☐ Direct Patient services such as (screenings, treatments, & counseling)

☐ Contract for Direct Patient services

☐ Provides non-patient care services such as (trainings, educational materials, & support services)

PRIORITY MONITORING (best estimates of the service requirements/burdens in catchment area)
Note: Please enter a value for every item, zero is a valid entry.

What is the physical address of your program's central operations?
_____Street
_____City _____State _____Zip code

Note: Catchment areas are references to specific geographic boundaries that your administration uses to describe the places where the clients live, which you serve, with or without the funds of this program. These boundaries may be defined by travel distances, landscape barriers, or jurisdictional policies. The catchment area may cross administratively-defined lines, such as cities, counties, Tribal land, states, and IHS service areas. You may serve in multiple catchment areas, due to a Tribal diaspora or migration. Please describe your service catchment areas, in terms of what geographic boundaries do you use, such as tribal land, counties, towns, travel distances, natural markers, landscapes, IHS service units.

FOR THIS REPORTING YEAR WITHIN YOUR TOTAL CATCHMENT AREAS: Native Youth (12-24 years old)
_____# Estimated Total Population of:
ESTIMATED PRECENTAGE OF:
Est. Count of cases ÷ Est. Total Population *100 [format as ##.##]
_____% With alcohol use disorders
_____% Using illicit drug abuse
_____% School dropouts (left school before finishing high school)
_____% In vehicle accidents involving alcohol or substance abuse
ESTIMATED TOTAL NUMBER OF:
_____# Total arrests
_____# Total detained
ESTIMATED ENROLLMENT OF
_____# Clients in inpatient behavioral health services
_____# Clients in outpatient or ambulatory behavioral health services
ESTIMATED COUNT OF

_____# In-patient behavioral health services NOT being met
_____# Outpatient or ambulatory behavioral health services NOT being met
_____# Behavioral health service requests NOT being met by volunteer, such as counselors, coaches, or chaplains

FOR THIS REPORTING YEAR WITHIN YOUR CATCHMENT AREAS: <u>Native Adults</u> (age 25 years and older)
_____# Estimated Total Population of:
ESTIMATED PRECENTAGE OF:
Est. Count of cases ÷ Est. Total Population *100 [format as ##.##]
_____% With alcohol use disorders
_____% Using illicit drug abuse
_____% School dropouts (left school before finishing high school)
_____% In vehicle accidents involving alcohol or substance abuse
ESTIMATED TOTAL NUMBER OF:
_____# Total arrests
_____# Total detained
ESTIMATED ENROLLEMENT OF
_____# Clients in inpatient behavioral health services
_____# Clients in outpatient or ambulatory behavioral health services
ESTIMATED COUNT OF
_____# In-patient behavioral health services NOT being met
_____# Outpatient or ambulatory behavioral health services NOT being met
_____# Behavioral health service requests NOT being met by volunteer, such as counselors, coaches, or chaplains

COORDINATED PARTNERSHIPS
Note: Please enter a value for every item, zero is a valid entry.

_____# What is the planned count of service partner agreements needed for the success of your program?
_____# How many of the planned service partner agreements (Memorandum of Understanding/Agreements) are established, to date?

Identify the count of unique participants this past year for each entity, where your program has facilitated the formation of these councils, groups, or teams:
_____# Youth advisory councils
_____# Elder advisory councils
_____# Multidisciplinary coordination groups
_____# Advocacy or prevention groups
_____# Crisis response teams
_____# Legal consulting teams (e.g., Tribal, judicial)
_____# School coordination teams
_____# Academic or research teams)
_____# Cultural promotion teams (e.g., traditions, ceremonies)
_____# Spiritual/Faith health teams (e.g., chaplains, congregations)
_____# Shelter coordination teams
_____# Transportation coordination teams
_____# Medical forensic teams (e.g., sexual assault)

_____# Youth outreach teams
_____# Medically-Assisted Treatment teams

PROTOCOL DESIGNS (formal administrative work to improve client outcomes)

Protocols are valuable, formal, explicit guides to events, actions, and decisions that identify how services will be performed, and they usually require instructions and a collection of corresponding data on who is qualified or needed to be involved, legal or pragmatic procedures to follow, timing and duration of actions, physical conditions of the space required, why the protocol fits a particular client need, the tools and data to use, the key decision points, and the time-cost or cost of the work.

In the past year, has your program directly or through coordinated partners designed any of these specific protocols for improved services? (check all that apply)

___Prevention Services
___Referral Processes
___Intakes Processes
___Screening And Assessment Methods
___Treatment Methods
___Case Monitoring Methods
___Coaching Methods
___Cultural Inclusion Methods
___Spiritual Inclusion Methods
___Data Collection Methods
___Employability Integration Methods
___Client Treatment Engagement Methods
___Aftercare Support Methods
___Communication Reinforcement Methods
___Family Integration Methods
___Care Transfer Methods
___Long-Term Recovery Methods
___Congregation-Based Recovery Methods

In the past year, were specific Protocols Designed for: <u>Native Youth</u> (12-24 years old)
Yes or No_____ Alcohol Use Disorder
Yes or No_____ Drug Use Disorder
Yes or No_____ Victim of Non-Sexual Violent Crime
Yes or No_____ Victim of Sexual Assault
Yes or No_____ Medically-Assisted Treatment
Yes or No_____ Mental Health Crisis
Yes or No_____ Risk of Self-Harm or Suicide

In the past year, were specific Protocols Designed for: <u>Native Adults</u> (age 25 years and older)
Yes or No_____ Alcohol Use Disorder
Yes or No_____ Drug Use Disorder
Yes or No_____ Victim of Non-Sexual Violent Crime
Yes or No_____ Victim of Sexual Assault
Yes or No_____ Medically-Assisted Treatment

Yes or No_____ Mental Health Crisis
Yes or No_____ Risk of Self-Harm or Suicide

In the past year, has your program directly or through partners designed protocols for services that are specific to promoting and developing these values in clients: (check all that apply)
___Accepting forgiveness
___Giving forgiveness
___Generosity
___Kindness
___Patience
___Humility
___Love
___Volunteerism
___Sacrificing time and effort for others
___Peace
___Joy
___Gratitude
___Gentleness

In the past year, has your program directly or through partners designed protocols for services that are specific to promoting and developing these Spiritual/Faith disciplines in clients:

___Practicing solitude
___Prayer
___Worship
___Journaling
___Taking a period of rest
___Charity
___Sacred text reading
___Meditation
___Fasting
___Simplicity of life
___Confidential sharing or confession
___Celebrating life and life events
___Seeking guidance from elders

_____# In total, how many protocols have you designed, directly or through partners?

Given all the protocols you have designed, please select which of the following topics that are explicitly addressed among those protocols:

_____# Evidence of their efficacy?
_____# Require client assessments to administer?
_____# Integrate with culturally-reinforcing goals?
_____# Integrate with Spiritual/Faith-reinforcing goals?
_____# Explicit approval by tribal oversight?
_____# Allow for the work of volunteers?

_____# Allow for the work of clients as volunteers in community service to others (e.g., peer counselor or coaches)?
_____# Exclusively provided through paid staff?
_____# Require pre-approval by program administration?
_____# Require client self-administration?
_____# Administered through client discretion?
_____# Require a parent or caregiver to administer?
_____# Support partners' self-administration?
_____# Require in-person staff to meet with the client?
_____# Require in-person staff to meet with a parent or caregiver?
_____# Allow for a virtual (online or phone) meeting between staff and the client?
_____# Allow for a virtual (online or phone) meeting between staff and the parent or caregiver?
_____# An external risk to the client in terms of safety or diminished self-sufficiency?
_____# Require staff monitoring to mitigate clients' risks?

How does your program participate in data collection for any of the protocols you have designed?

TECHNOLOGY CAPABILITIES (tools to organize, streamline, or improve services/operations)

Has your program determined that you have a need for technological improvements for collecting data or delivering services in any of these categories? (check all that apply)

___Monitoring Organizational Capacity
___Tracking Priority Monitoring Conditions
___Organizing Strategic Planning
___Coordinating Partnerships Engagements and Agreements
___Vetting and Managing Volunteers
___Organizing Protocols Designs and Uses
___Managing Personnel Training
___Assessing Trainees' Learning
___Client Case Management
___Family and Care Giver Case Management
___Assessing Clients' Needs
___Assessing Clients' Satisfaction
___Client Treatment Engagement
___Client Employability Development
___Aftercare And Recovery Monitoring
___Emergency Communication Systems
___Client Communication Call Centers
___Client Self-Care Online Tools
___Assessing Attitudinal and Behavioral Changes
___Collecting Forensic Data
___Creating Protocol or Legal Records
___Managing Referral Process
___Cultural Inclusion Media
___Family Integration Media
___Coaching and Counseling Online Access

What are other technology requirements not listed?

Of those technologies that your program needs, which ones will be addressed in the program budget?

Of those technologies that your program needs, which ones are outside the scope of the program budget?

SERVICE OUTPUTS (those attributed to the budget of the program)
Note: Please enter a value for every item, zero is a valid entry.

PERFORMED DIRECTLY BY YOUR PROGRAM (not through your partner organizations)

In this reporting period, what was the count for the completion of:
_____# Universal Alcohol Screenings
_____# Screening, Brief Intervention, and Referral to Treatment (SBIRT)
_____# Screening of suicidal risk (e.g. ASQ)
_____# Screening for opioid use disorders
_____# Screening for non-sexual assaults
_____# Screening for sexual assaults

_____(Y/N) Did your program screen or record individual assaults among clients in this reporting period?
If NO, skip the next table. If YES, please put in a number starting at 0 for every issue.
If your program screened or recorded individual assaults among clients, how many individuals reported that they were victims of these crimes, in this reporting period:
_____# Domestic Violence
_____# Other Violence
_____# Human Trafficking
_____# Sexual Abuse
<mark>_____# Strangulation</mark>
_____# Other Assaults
Other describe:

_____(Y/N) Did your program measure subsequent actions to individual assaults among clients in this reporting period?
If NO, skip the next table. If YES, please put in a number starting at 0 for every issue.
If your program measured subsequent actions to individual assaults among clients, how many individuals' cases were processes to these next steps, in this reporting period:
_____# Forensic Violence Medical Exam
_____# Forensic Sexual Assault Medical Exam
_____# Violence Police Interview
_____# Sexual Assault Police Interview
_____# Child Protection Agency Interview for Violence
_____# Child Protection Agency Interview for Sexual Assault
_____# Violence Case Reported for Prosecution
_____# Sexual Assault Case Reported for Prosecution
_____# Violence Case Declined for Prosecution
_____# Sexual Assault Case Declined for Prosecution

_____# Other Subsequent Actions

For this reporting period, performed by your program, how many individuals were referred for
_____# Treatment of Alcohol Use Disorder
_____# Treatment of a drug use disorder (other than opioids or meth)
_____# Treatment of an opioid use disorder
_____# Treatment of a methamphetamines use disorder
_____# Treatment of and support for a non-sexual violent crime
_____# Treatment of and support for a violent sex crime
_____# Forensic exam of a violent sex crime (e.g., rape kit, wound scan)
_____# Legal investigation of a violent sex crime
_____# Legal services
_____# Medically-assisted treatment (MAT)
_____# Treatment and support for a mental health crisis
_____# Treatment and support for self-harm or suicide

For this reporting period, performed by your program, how many individuals were provided therapy services based on each of these methods:
_____# Attachment-Based Family Therapy (ABFT)
_____# Cognitive Behavioral Therapy (CBT)
_____# Dialectical Behavioral Therapy (DBT)
_____# Matrix Model (MM)
_____# Motivational Enhancement Therapy (MET)
_____# Motivational Interviewing (MI)
_____# Community Reinforcement Approach (CRA)
_____# Contingency Management (CM) / Contingency Management Titration (CMT)
_____# Other
Other describe:

For this reporting period, performed by your program, how many individuals were:
_____# Provided help with access to recovery services (e.g., save housing, volunteer coaching) after they completed a treatment program or other services?
_____# Treated or served for an alcohol use disorder
_____# Treated or served for a drug use disorder (other than opioids or methamphetamines)
_____# Treated or served for a opioid use disorder
_____# Treated or served for a methamphetamines use disorder
_____# Treated or served for a non-sexual violent crime
_____# Treated or served for a violent sex crime
_____# Provided legal services
_____# Treated or served for medically-assisted treatment (MAT)

For this reporting period, performed directly by your program, how many individuals were provided services based on each of these cultural methods for treatment/sobriety efforts:
_____# Dancing
_____# Drumming
_____# Language
_____# Singing

_____# Songs
_____# Story Telling
_____# Traditional Crafts (e.g., beading, basket weaving, tool making, jewelry)
_____# Traditional Games
_____# Equine Therapy
_____# Hunting/Fishing
_____# Smudging
_____# Talking Circles
_____# Other
Please describe any barriers or complications faced

For this reporting period, performed by your program directly, how many <u>individuals</u> were provided religious, spiritual, and/or faith-based services based on each of these:
_____# Native American Church (NAC) events
_____# General Traditional Religious Practices, not NAC
_____# Tribe-specific Traditional Religious Practices, not NAC
_____# Personal Therapy/Counseling, Congregation-Sponsored, spiritually-informed
_____# Personal Therapy/Counseling, Congregation-Sponsored, NOT spiritually-informed
_____# Group Therapy (e.g., 12-step), Congregation-Sponsored, spiritually-informed
_____# Group Therapy (e.g., 12-step), Congregation-Sponsored, NOT spiritually-informed
_____# Prayer (group, one-on-one, virtual)
_____# Pastoral Care
_____# Spirituality Groups
_____# Clergy or Chaplain Support
_____# Congregation-Sponsored Coaching (recovery, employability, financial literacy, resiliency)
_____# Congregation-Sponsored Meals/Refreshments
_____# Congregation-Sponsored Retreats
_____# Congregation-Sponsored Walks/Hikes
_____# Congregation-Sponsored Shelter
_____# Congregation-Sponsored Transportation
_____# Congregation-Sponsored Training or Teaching (skills, employability)
_____# Other
Please describe any barriers or complications faced

For this reporting period, performed directly by your program, how many <u>individuals</u> were provided harm reduction services based on each of these methods:
_____# Syringe Exchanges or Service Programs
_____# Fentanyl Test Strips distribution
_____# Narcan distribution
_____# Other
Please describe any barriers or complications faced

For this reporting period, describe any innovative approaches to self-care development (e.g., mindfulness, reminder mobile applications, spiritual/faith values coaching, financial literacy) your program funded directly?

PERFORMED BY YOUR PARTNER ORGANIZATIONS (funded through your organization)

In this reporting period, what was the count for the completion of:

_____# Universal Alcohol Screenings
_____# Screening, Brief Intervention, and Referral to Treatment (SBIRT)
_____# Screening of suicidal risk (e.g. ASQ)
_____# Screening for opioid use disorders
_____# Screening for non-sexual assaults
_____# Screening for sexual assaults

_____(Y/N) Did your program screen or record individual assaults among clients in this reporting period?
If NO, skip the next table. If YES, please put in a number starting at 0 for every issue.
If your program screened or recorded individual assaults among clients, how many individuals reported that they were victims of these crimes, in this reporting period:
_____# Domestic Violence
_____# Other Violence
_____# Human Trafficking
_____# Sexual Abuse
_____# Strangulation
_____# Other Assaults
Other describe:

_____(Y/N) Did your program measure subsequent actions to individual assaults among clients in this reporting period?
If NO, skip the next table. If YES, please put in a number starting at 0 for every issue.
If your program measured subsequent actions to individual assaults among clients, how many individuals' cases were processes to these next steps, in this reporting period:
_____# Forensic Violence Medical Exam
_____# Forensic Sexual Assault Medical Exam
_____# Violence Police Interview
_____# Sexual Assault Police Interview
_____# Child Protection Agency Interview for Violence
_____# Child Protection Agency Interview for Sexual Assault
_____# Violence Case Reported for Prosecution
_____# Sexual Assault Case Reported for Prosecution
_____# Violence Case Declined for Prosecution
_____# Sexual Assault Case Declined for Prosecution
_____# Other Subsequent Actions
Other describe:

For this reporting period, performed by your program, how many individuals were referred for
_____# Treatment of Alcohol Use Disorder
_____# Treatment of a drug use disorder (other than opioids or meth)
_____# Treatment of an opioid use disorder
_____# Treatment of a methamphetamines use disorder
_____# Treatment of and support for a non-sexual violent crime
_____# Treatment of and support for a violent sex crime
_____# Forensic exam of a violent sex crime (e.g., rape kit, wound scan)
_____# Legal investigation of a violent sex crime

_____# Legal services
_____# Medically-assisted treatment (MAT)
_____# Treatment and support for a mental health crisis
_____# Treatment and support for self-harm or suicide

For this reporting period, performed by your program, how many individuals were provided therapy services based on each of these methods:
_____# Attachment-Based Family Therapy (ABFT)
_____# Cognitive Behavioral Therapy (CBT)
_____# Dialectical Behavioral Therapy (DBT)
_____# Matrix Model (MM)
_____# Motivational Enhancement Therapy (MET)
_____# Motivational Interviewing (MI)
_____# Community Reinforcement Approach (CRA)
_____# Contingency Management (CM)   / Contingency Management Titration (CMT)
_____# Other
Other describe:

For this reporting period, performed by your program, how many individuals were:
_____# Provided help with access to recovery services (e.g., save housing, volunteer coaching) after they completed a treatment program or other services?
_____# Treated or served for an alcohol use disorder
_____# Treated or served for a drug use disorder (other than opioids or methamphetamines)
_____# Treated or served for a opioid use disorder
_____# Treated or served for a methamphetamines use disorder
_____# Treated or served for a non-sexual violent crime
_____# Treated or served for a violent sex crime
_____# Provided legal services
_____# Treated or served for medically-assisted treatment (MAT)

For this reporting period, performed directly by your program, how many individuals were provided services based on each of these cultural methods for treatment/sobriety efforts:
_____# Dancing
_____# Drumming
_____# Language
_____# Singing
_____# Songs
_____# Story Telling
_____# Traditional Crafts (e.g., beading, basket weaving, tool making, jewelry)
_____# Traditional Games
_____# Equine Therapy
_____# Hunting/Fishing
_____# Smudging
_____# Talking Circles
_____# Other
Please describe any barriers or complications faced

For this reporting period, performed by your program directly, how many individuals were provided religious, spiritual, and/or faith-based services based on each of these:

_____# Native American Church (NAC) events
_____# General Traditional Religious Practices, not NAC
_____# Tribe-specific Traditional Religious Practices, not NAC
_____# Personal Therapy/Counseling, Congregation-Sponsored, spiritually-informed
_____# Personal Therapy/Counseling, Congregation-Sponsored, NOT spiritually-informed
_____# Group Therapy (e.g., 12-step), Congregation-Sponsored, spiritually-informed
_____# Group Therapy (e.g., 12-step), Congregation-Sponsored, NOT spiritually-informed
_____# Prayer (group, one-on-one, virtual)
_____# Pastoral Care
_____# Spirituality Groups
_____# Clergy or Chaplain Support
_____# Congregation-Sponsored Coaching (recovery, employability, financial literacy, resiliency)
_____# Congregation-Sponsored Meals/Refreshments
_____# Congregation-Sponsored Retreats
_____# Congregation-Sponsored Walks/Hikes
_____# Congregation-Sponsored Shelter
_____# Congregation-Sponsored Transportation
_____# Congregation-Sponsored Training or Teaching (skills, employability)
_____# Other

Please describe any barriers or complications faced

For this reporting period, performed directly by your program, how many individuals were provided harm reduction services based on each of these methods:
_____# Syringe Exchanges or Service Programs
_____# Fentanyl Test Strips distribution
_____# Narcan distribution
_____# Other

Please describe any barriers or complications faced

For this reporting period, describe any innovative approaches to self-care development (e.g., mindfulness, reminder mobile applications, spiritual/faith values coaching, financial literacy) your program funded directly?

CLIENT OUTCOMES (aggregations of individual-level client experience data)

For this reporting period, Total Client Population Served through funding of this program
_____# Total
_____# Count of male patients under the age of 18 years
_____# Count of male patients age 19 to 24 years
_____# Count of male patients age 25 or older
_____# Count of female patients under the age of 18 years
_____# Count of female patients age 19 to 24 years
_____# Count of female patients age 25 or older

For this reporting period, Total Client Population Achieved Sobriety

_____# Total
_____# Count of male patients under the age of 18 years
_____# Count of male patients age 19 to 24 years
_____# Count of male patients age 25 or older
_____# Count of female patients under the age of 18 years
_____# Count of female patients age 19 to 24 years
_____# Count of female patients age 25 or older

For this reporting period, Total Client Population Entered In-Patient Treatment
_____# Total
_____# Count of male patients under the age of 18 years
_____# Count of male patients age 19 to 24 years
_____# Count of male patients age 25 or older
_____# Count of female patients under the age of 18 years
_____# Count of female patients age 19 to 24 years
_____# Count of female patients age 25 or older

For this reporting period, Total Client Population Overdosed on Drugs or Alcohol
_____# Total
_____# Count of male patients under the age of 18 years
_____# Count of male patients age 19 to 24 years
_____# Count of male patients age 25 or older
_____# Count of female patients under the age of 18 years
_____# Count of female patients age 19 to 24 years
_____# Count of female patients age 25 or older

_____(Y/N) Did your program measure individual Attitudinal Changes (before, during, and after program) among clients for this reporting period?
If NO, skip the next table. If YES, please put in a number starting at 0 for every issue.
If your program measured individual Attitudinal Changes (before, during, and after program) among clients, how many individuals showed these improvements for this reporting period:
_____# Measured change in valuation of self
_____# Measured change in valuation of peers
_____# Measured change in valuation of family members
_____# Measured change in valuation of community members
_____# Measured change in valuation of tribe-specific culture
_____# Measured change in valuation of treatment services
_____# Measured change in valuation of spiritual/faith or religious practices or affiliations
_____# Measured change in valuation of traditional or cultural practices and affiliations

_____(Y/N) Did your program measure individual Decision Changes (during and after program) among clients, how many individual showed these improvements for this reporting period?

If NO, skip the next table. If YES, please put in a number starting at 0 for every issue.
If your program measured individual Decision Changes (during and after program) among clients, how many individual showed these improvements for this reporting period:
_____# Affirmed commitment to protect own body
_____# Affirmed commitment to protect own mind

_____# Affirmed commitment to protect soul/faith/spirit
_____# Affirmed commitment to change substance use influences
_____# Affirmed commitment to change substance use behavior
_____# Affirmed commitment to be accountable to others about behaviors
_____# Affirmed commitment to complete treatment services
_____# Affirmed commitment to practice spiritual/faith or religious affiliations
_____# Affirmed commitment to traditional or cultural practices and affiliations

_____(Y/N) Did your program measure individual Behavioral Changes (during and after program) among clients, how many individual showed these improvements for this reporting period?
If NO, skip the next table. If YES, please put in a number starting at 0 for every issue.
If your program measured individual Behavioral Changes (during and after program) among clients, how many individual showed these improvements for this reporting period:
_____# Measured change in substance abuse
_____# Measured change in legal alternative activities
_____# Measured change in family-affirming activities
_____# Measured change in financial management activities
_____# Measured change in social network affiliations
_____# Measured change in culturally-affirming activities
_____# Measured change in community-affirming activities
_____# Measured change in spiritually-affirming activities
_____# Measured change in time being held accountable by others
_____# Measured change in time committed to education
_____# Measured change in time committed to family-based work
_____# Measured change in time committed to non-family work
_____# Measured change in time committed to spiritual/faith or religious affiliations
_____# Measured change in employability attributes

CLIENT IMPACTS (aggregations of individual-level client outcome data)

_____(Y/N) Did your program measure individual impacts among clients, how many individual showed these improvements for this reporting period?
If NO, skip the next table. If YES, please put in a number starting at 0 for every issue.
If your program measured individual impacts among clients, how many individual showed these improvements for this reporting period:
_____# Ended substance abuse prior to program treatment
_____# Ended substance abuse during program period without treatment
_____# Sustained end of substance abuse throughout this past reporting period
_____# Sustained increase in family-affirming activities throughout this past reporting period
_____# Sustained culturally-affirming activities throughout this past reporting period
_____# Sustained community-affirming activities throughout this past reporting period
_____# Sustained spiritually-affirming activities throughout this past reporting period
_____# Sustained time being held accountable by others throughout this past reporting period
_____# Sustained time committed to education throughout this past reporting period
_____# Sustained time committed to family-based work throughout this past reporting period
_____# Sustained time committed to non-family work throughout this past reporting period
_____# Sustained time committed to spiritual/faith or religious affiliations throughout this past reporting period

_____#Sustained time committed to increasing employability

SYSTEM ANALYSIS (identifying challenges in service capacity development)

In this reporting period, did your program or partners experience challenges or barriers or notable successes with any of these data collection requirements:

Yes or No_____ Priority Monitoring Data

Yes or No_____ Population (AIAN) Need Indicators

Yes or No_____ Measures of Family Participation and Satisfaction

Yes or No_____ Individual Assessments, Measures of Attitudinal Changes

Yes or No_____ Measures of Decision Changes

Yes or No_____ Measures of Behavior Changes During and After the Program

Yes or No_____ Measures of Client Impacts Months After Leaving the Program

Yes or No_____ Measures of Client Satisfaction with Program and Impacts

Yes or No_____ Travel Distance or Isolation

Yes or No_____ Communication Methods (Infrastructure, Devices, or Mobile Applications)

Yes or No_____ Cultural or Spiritual/Faith Engagements

Yes or No_____ Access To Treatments Or Services

Yes or No_____ Other Data

Please describe challenges and barriers affecting data collection efforts:

In this reporting period, did your program or partners experience challenges or barriers or notable successes with any of these data analysis requirements:

Yes or No_____ Verifying Efficacy of Service Actions

Yes or No_____ Geographic Distributions of Needs or Actions

Yes or No_____ Evidence of Service Action Sufficiency

Yes or No_____ Patterns of Impacts' Optimization

Yes or No_____ Attribution of Service Actions Effects to Outcomes and Impacts

Yes or No_____ Confirming Client and Community Satisfaction with Program Design and Impacts

Yes or No_____ Other Analyses

Please describe challenges and barriers affecting data analysis:

In this reporting period, did your program or partners experience challenges or barriers or notable successes with any of these operational management requirements:

Yes or No_____ Cataloging and Evaluating Service Actions

Yes or No_____ Facilitation Sustained Service Partner Agreements

Yes or No_____ Monitoring Staff Time Within Service Actions

Yes or No_____ Coordinating and Facilitating Volunteers' Time and Effort

Yes or No_____ Coordinating and Facilitating Staff Time Through Virtual Meetings

Yes or No_____ Improving Staff Monitoring of Client Self-Administration Service Actions

Yes or No_____ Tracking Service Actions that are at the Discretion of the Client

Yes or No_____ Recording and Analyzing Service Actions as Completed

Yes or No_____ Monitoring Cost of Staff Time by Service Actions

Yes or No_____ Administering and Tracking Incentives Provided to Volunteers

Yes or No_____ Performing Comprehensive Client Intake and Background Data Collection

Yes or No_____ Other Management Actions

Please describe challenges and barriers affected by management actions

In this reporting period, did your program or partners experience challenges or barriers or notable successes with any of these program sustainment requirements:
Yes or No_____ Matching Incentives to Keep Qualified Staff
Yes or No_____ Matching Incentives to Keep Volunteers
Yes or No_____ Getting Reimbursement for Services From Available Sources
Yes or No_____ Maintaining Operational Funding From Other Available Sources
Yes or No_____ Getting Access to Technical Data Collection and Analysis Support
Yes or No_____ Obtaining Technologies in Support of Operational Management
Yes or No_____ Obtaining Technologies in Support of Client-Enabling Actions
Yes or No_____ Other Program Sustainment Actions

Please describe challenges and barriers affected by program sustainment requirements

In this reporting period, did your program or partners experience challenges or barriers with any of these budget requirements:
Yes or No_____ Funds for Administrative Actions (e.g., legal)
Yes or No_____ Funds for Technology-Enabling Services
Yes or No_____ Funds for Volunteer Support
Yes or No_____ Funds for Acquiring Material Items
Yes or No_____ Other Funding Matters

Please describe challenges and barriers affected by funding matters