

Reentry Case Management and Coalition

FY25 Treatment and Recovery Grant
Quarter Program Report

To: DOH Finance & Management Services Grants & Contracts Section

Attention:

Agency:

Grant Number:

Form submitted by:

Date: **Quarter** (select one):

Instructions:

Step 1: Complete the Cumulative Financial Report (CFR) in GEMS. If expenditures are over or under budget for the quarter, the reason must be noted in the narrative section of the CFR form.

Step 2: Complete the **Reentry Case Management and Coalition** Quarter Program reporting questions below.

Step 3: Submit and upload this the **Reentry Case Management and Coalition** Quarter Program Report into GEMS.

**Including any relevant attachments*

Reentry Case Management and Coalition Quarter Program Reporting Questions:

1. Provide the following participant count information:

Agencies are strongly encouraged to implement a tracking system for these items consistently throughout the quarter. By doing so, agencies can ensure that this critical information is readily accessible at the end of the reporting period. These items directly align with the elements found in the Reentry Intake Packet and Case Plan forms.

- 1.1. Total number of program participants served this quarter, including current and discharged participants:
- 1.2. Cost per participant served (grant expenditures/ total # participants):
- 1.3. Number of participants enrolled in Medicaid or other health insurance:
- 1.4. Number of participants who have a State ID:

1.5. Number of participants who had a PTRP filed:

1.6. Number of participants who were charged with a new crime:

1.7. Number of participants who were remanded:
(includes all remands, regardless of length of remand)

1.8. Number of participants enrolled in the reentry program during the quarter:

2. The following questions require completion by the reentry staff.

It is essential to avoid submitting verbatim content from previous quarters, as such submissions will be rejected in GEMS by the program manager. Instead, provide updates for any items or issues previously addressed in reports. When providing responses, ensure that they are directly relevant to the specific quarter being reported on.

2.1. Please describe your agency's working relationship with DOC:

Please identify any DOC personnel you interact with, such as Institutional or Field Probation Officers.

2.2. Please describe staff's ability to conduct In-Reaches in-person or telephonically at correctional complexes:

2.3. Does your community have a local reentry coalition?

If yes, please describe how your agency's reentry staff interact with the coalition:

2.4. Please describe any trainings or initiatives that reentry staff attended or participated in this quarter.

2.5. Please describe staff achievements or successes this quarter:

2.6. Please describe any client achievements or success this quarter, be sure not to include any protected health information in your response:

2.7. Please describe any barriers your agency or have staff experienced this quarter:

If possible, please include any plans to address identified barriers.

2.8. Please describe any barriers reentrants are consistently encountering:

If possible, please include any plans to address identified barriers.

2.9. Do you have any request for technical assistance? If so, who should the program manager contact?

2.10. Is there anything you would change or alter about the current reentry program structure:

2.11. How long did it take to complete this report:

3. Are there any current challenges your agency is dealing with that could impact the program's sustainability through the fiscal year?

If yes, describe the challenges.