

**Tribal Youth Resource Center**

**CTAS Purpose Area 8: Tribal Juvenile Healing to Wellness Court *Organizational Self-Review and Needs Assessment Tool (FY2021)***

Organizational Self-Review and Needs Assessment Tool



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 The opinions, findings, and* *conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.*

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| **Introduction:** |
| **Greetings from the Tribal Youth Resource Center!**  Our team is glad to be able to collaborate with your tribe and community. We hope our center can be of assistance to you as you begin to plan and develop your Tribal Juvenile Healing to Wellness Court.The Organizational Self-Review and Needs Assessment Tool (OSR) can be utilized by your community to identify core strengths and assess key areas that will need additional development as you plan and implement the Tribal Healing to Wellness Court. It is helpful to complete the self-review during the initial planning phase. The OSR is divided into four core areas to support project planning. The assessment questions are aligned with the [Tribal Ten Key Components](http://www.wellnesscourts.org/tribal-key-components/index.cfm) for [Healing to Wellness Courts](http://www.wellnesscourts.org/tribal-key-components/index.cfm), with additional factors that should be considered in the development of services for juvenile populations.  https://files.constantcontact.com/9f76d4bb701/642bbf9e-0dfb-41cc-b625-8584fd087f34.png  **Four Areas for Self-Review and Assessment:**   * **Section One Demographics and Resources:** Provides an area to include key program contact information about the program location. * **Section Two Defining Community Strengths and Identifying Challenges to Implementation:** Allows communities to identify core strengths, resources, assets, and community infrastructure. The community may also indicate areas of challenge of barriers to previous efforts. * **Section Three Program Administration and Implementation:** Assess program administrative readiness. Identify existing program services and consider areas for development. * **Section Four Strategic Planning Readiness:** Areas that can be supported through the strategic planning process and familiarity with the core components of the *Strat Pak Strategic Planning Process.*   **Frequently Asked Questions:**  **What if we have already conducted a needs assessment?**  If your community has recently completed a needs assessment around the planned program, that needs assessment information can be utilized to support the development of an individualized training and technical assistance plan. Your team may still wish to review and complete the Organizational Self-Review and Needs Assessment as this tool is specifically designed to identify and address the primary areas of program development for juvenile healing to wellness courts.  A training and technical assistance specialist can assist with the completion of the assessment tool utilizing the information you provide. If possible, your team may wish to provide the findings of your most recent community needs assessment and share any steps that have been taken to address the identified needs.  **What if we cannot provide all the information requested in the Self-Review and Needs Assessment?**  When completing the Organizational Self-Review and Needs Assessment it is extremely helpful to complete it as much as is possible, using the most up-to-date information. Information that is gathered and provided as part of the Organizational Self-Review and Needs Assessment will contribute to developing an individualized training support plan for your program. The information that may be required to complete the self-review is specific to wellness court operations and it is understood that some information may not be readily available or accessible at the time of completion. Programs can complete the assessment with the best-known information available at the time of completion. When information is unknown or unavailable, there is generally the option to mark questions as "unsure" or "unknown."  **What will be done with the information provided?**  The information you provide as part of the self-review and needs assessment is to be used by your team as you begin to plan for your wellness court. Your team’s training and technical assistance (TTA) specialist will review the information with you and find areas that may be strengthened through additional training and/or technical assistance. This may include support related to team engagement and partnerships, the development of materials to support court administration, and the identification of training and educational opportunities that can enhance your program services. The information you gather and assess can also assist your team as you plan for future program evaluation and program reporting. The self-review can clarify the baseline data and information existing at the start of your project, which can then be measured by your team against future implementation and outcomes.  **How do we complete the OSR?**  **Step 1:** The OSR is available as a word document or by visiting: <https://www.surveymonkey.com/r/FY21SelfReview> . If there are issues with access or submission via the electronic survey link, please contact your assigned training and technical assistance (TTA) specialist.  **Step 2:** The self-review is designed to be completed by Tribal wellness court coordinators in coordination with core planning team members. A TTA specialist can assist you with the completion of the self-review and will support by answering any questions or concerns you have as your team works through the OSR.  ﻿**Step 3:** Mark the OSR "Done" when you have completed and finalized your responses. The TYRC will provide you with a copy of your OSR responses and will work with your site to develop a responsive training and TTA plan to address identified needs or developmental areas. For additional support related to the OSR you may contact your assigned TTA specialist, or you may email us [TribalYouth@TLPI.org](http://tlpi.org). Please indicate "FY 2021 CTAS PA 8 OSR" in the subject line.  This tool is provided as a resource to your planning team. Each OJJDP Tribal Grantee may access TTA throughout the planning and implementation process. Please do not hesitate to reach out to your OJJDP Tribal Youth Resource Center (TYRC) Training and Technical Assistance Specialist if you have any questions about this guide or your project planning process. |
| As a training and technical assistance provider for the [Office of Juvenile Justice and Delinquency Prevention](https://www.ojjdp.gov), the [Tribal Youth Resource Center](https://www.TribalYouth.org) as part of the [Tribal Law and Policy Institute](https://www.home.tlpi.org/) and its partner the [National Native Children’s Trauma Center](https://www.nnctc.org/) bring an in depth understanding and appreciation of American Indian and Alaska Native History, customs, Indigenous justice systems. **Native youth benefit from a value held by Native peoples: *Our Children are Sacred.***    *Tribal Youth Resource Center Email:* [*TribalYouth@TLPI.org*](mailto:TribalYouth@TLPI.org)  *Web:* [*www.TribalYouth.org*](http://www.TribalYouth.org) |

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| https://files.constantcontact.com/9f76d4bb701/642bbf9e-0dfb-41cc-b625-8584fd087f34.png**Tribal Grantee Organizational Self-Review and Needs Assessment Tool (CTAS Purpose Area 8 FY2021)** |

**Welcome to the Tribal grantee organizational self-review and needs assessment.**

This self-review is intended to provide an overall understanding of the tribe's readiness to implement a strategic planning process. Information shared by the tribe will be regarded with the utmost confidentiality and used exclusively to identify training and technical assistance needs. Thank you for your participation in the self-review.

**Section 1: Tribal Grantee Contact Information and Grant Award Information**

**1. Grant Primary Contact Name**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Mailing Address | Click or tap here to enter text. |
| City/Town | Click or tap here to enter text. |
| State/Province | Click or tap here to enter text. |
| Zip/Postal Code | Click or tap here to enter text. |
| E-mail Address | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |

**2. Grant Secondary Contact Name**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Mailing Address (if different than Primary Contact mailing address) | Click or tap here to enter text. |
| City/Town | Click or tap here to enter text. |
| State/Province | Click or tap here to enter text. |
| Zip/Postal Code | Click or tap here to enter text. |
| E-mail Address | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |

**3. Where will the Tribal Grant be housed?**

|  |  |
| --- | --- |
| Choose an item. | If you chose other, specify here: Click or tap here to enter text. |

**4. What group(s) will your grant serve?**

Youth with Drug Dependency

Youth with Alcohol Dependency

Youth with Opioid Dependency

Youth with High Risk Factors (homelessness, serious mental health disorders, suicidal ideation, etc.)

Youth involved in Tribal delinquency court proceedings.

Youth involved in State Delinquency/Dependency Proceedings

Referrals from School Districts

Referrals from Tribal Welfare/Social Services

Other (please specify): Click or tap here to enter text.

**5. What is the target age range of youth that you will serve? *Note the CTAS Solicitation for FY 2021 recommends services are offered for youth under the age of 21*.**

Click or tap here to enter text.

**6. What local area will you serve? (E.g., urban area, reservation, county service area etc.)**

Click or tap here to enter text.

**7. Please check all that apply.**

We will serve enrolled Tribal youth.

We will serve youth of Tribal descent (unenrolled youth).

We will serve youth enrolled in other Tribes.

We will serve all youth within our service area/jurisdiction (Tribal or Non-Tribal).

**8. In addition to your current CTAS PA8 funding, what other funding sources support your juvenile court?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Planning  Grant | Implementation Grant | Enhancement Grant | Other |
| Comprehensive Tribal Justice System Planning (CTAS Purpose Area 2) |  |  |  |  |
| Tribal Courts Grant (CTAS Purpose Area 3) |  |  |  |  |
| Substance Abuse and Mental Health Services Administration (SAMHSA) |  |  |  |  |
| Bureau of Justice Grant (BJA Grant) |  |  |  |  |
| Office of Juvenile Justice and Delinquency Prevention Grant (OJJDP)- any other OJJDP Funding other than CTAS PA8 |  |  |  |  |
| Bureau of Indian Affairs (BIA) |  |  |  |  |
| Tribally Funded |  |  |  |  |
| Private Funding |  |  |  |  |
| Don't Know |  |  |  |  |

**Section 2: Defining Community Strengths and Identifying Challenges to Implementation**

***Defining inherent resources and strengths that contribute to program development***

**9. What are the existing strengths of your community that will contribute to the implementation of the Juvenile Healing to Wellness Court? For example: “Our community is resilient” or “We have an existing diversion program” or “We have juvenile treatment services that will contribute to the court.”**

Click or tap here to enter text.

**10. Partnerships and Court Administration Strengths- Check all that apply.**

We have existing internal Tribal partnerships with family, child welfare or social services. (Formal and informal).

We have existing community resources and can garner support for our program.

We have community leadership support for this project.

We have traditional leaders and culture bearers that can support youth participants.

We have experienced judicial staff.

We have experienced administrative and support staff.

We have established partnerships with state partners (formal and informal).

We have established partnerships with local county partners (formal and informal).

We have Tribal transportation programs or services.

We have existing juvenile codes.

We have a willingness to participate in learning opportunities.

Other (please specify): Click or tap here to enter text.

**11. Infrastructure and Technology- Check all that apply.**

We have adequate and appropriate space and facilities to meet with youth and families within our current physical court structure.

We have access to phones.

We have access to computers.

We have access to internet.

We have access to wireless internet.

We have access to virtual meeting technology (e.g., Zoom, Go-to-meeting, other virtual conferencing software).

Our current computer network has adequate safeguards to prevent against cyber-attacks, malware, hacking, etc.

We have an existing electronic data collection system.

We have the capability to telework.

Our technology can support remote access to case management software (Example DIMS – Court Management Software.

☐ Other (please specify): Click or tap here to enter text.

**12. Community Challenges and Barriers- Briefly describe the community's greatest challenge or barriers that have been experienced or anticipate that you may experience in terms of effectively implementing this grant.  
*(Examples of challenges may include weak partnerships, shifts in administration, inadequate staffing/funding to support delivery of high-risk services, recent community trauma, etc.). \*Please include any challenges related to furloughs, reduced staffing, employee capacity issues, hiring delays, or staggered schedules.***

Click or tap here to enter text.

**13. Previous Efforts- Please provide an overview of any previous efforts to develop a Wellness Court or other treatment court for adults or youth within your community. (Please include any efforts to address youth opioid use.)**

Click or tap here to enter text.

**Section 3: Program Administration and Implementation**

**Assessing program administrative and implementation readiness**

**Key Program Services**

**14. What is the most common drug of choice for community youth?Top of Form**

Alcohol

Marijuana

Methamphetamine

Cocaine

Crack

Huffing

Prescription Opiates

Heroin

Other (please specify) Click or tap here to enter text.

**15. Who are the key agencies/partners that have expressed a commitment to the Tribal Juvenile Healing to Wellness Court?**

Tribal Court

State/County Court

Tribal Social or Family Services

Tribal Law Enforcement/Probation

Alcohol/Drug Assessment Services

Alcohol/Drug Testing Services

Tribal Prosecutor

Tribal Public Defender

State Juvenile Services

Tribal Behavioral Health

Tribal Mental Health (if distinct from Behavioral Health)

Private Treatment Providers

Tribal Housing

State/County Housing

Tribal Government Leader

State Government Leader

County/Local Government Leader

Tribal Culture Bearer

Tribal Parent Organization(s) (Parent Groups, Local School Parent Organizations, etc.)

Tribal Youth Organization(s) (e.g., Youth Leadership Council, Youth Mentorship Program etc.)

Other (please specify): Click or tap here to enter text.

**16. Is a Wellness Court coordinator currently on staff?**

Yes

No

**17. If a coordinator is not yet hired, when do you anticipate the coordinator will be hired?**

Click or tap here to enter text.

**18. Are there additional staff who will be funded by this project?**

Yes

No

Unsure

**19. If yes, please list the additional staff to be hired.**

Click or tap here to enter text.

**20. Who will serve as core team members for your Wellness Court?**

Judge

Wellness Court Coordinator

Law Enforcement/Probation

Prosecutor

Public Defender

Behavioral Health Provider

Treatment Services Provider

Culture Bearer

Elder/Leader

Social/Family Services

Education or Vocational Services Provider

Other (please specify): Click or tap here to enter text.

**21. Do you have any other existing youth intervention or prevention services that could be integrated within the activities of Juvenile Healing to Wellness Court participants?**

Yes

No

Unsure

**22. If yes, what youth prevention programs/activities currently exist within the community?**

Tribal Youth Program

Tribal After School/Tutoring Program

Tribal Truancy Prevention Program

Tribal Substance Use/Mental Health Services Program

Tribal Youth Leadership Program/Youth Council

Tribal Mentoring Program

Cultural Knowledge/Skill-Building Programs (Cultural lifeways, skills, language, traditional food cultivation, harvest, preparation, music, parenting, etc.)

Local Agency Program

Other (please specify): Click or tap here to enter text.

**23. Are youth drug testing services available in your community?**

Yes

No

Unsure

**24. Are youth drug and alcohol treatment services available in your community?**

Yes

No

Unsure

**25. If yes, please select the treatment services that are available to your target group**.

Tribal Juvenile Outpatient Treatment Services

Tribal Juvenile Inpatient Treatment Services

Tribal Aftercare Support Services

Indian Health Service Youth Regional Treatment Center

Community Agency Outpatient Treatment Services

Community Agency Inpatient Treatment Services

Community Agency Aftercare Treatment Services

Red Road

Drug/Alcohol Testing Services

Tribal Culture-Based Support Services

Local AA or Al Anon

Wellbriety

White Bison

Other (please specify): Click or tap here to enter text.

**26. Are youth behavioral health services available in your community? Note: Behavioral health describes the connection between behaviors and the health and well-being of the body, mind, and spirit. As a discipline, behavioral health is a blanket term and can include mental health, substance use, as well as the continuum of prevention, intervention, treatment, and recovery support services.**

Yes

No

Unsure

**27. Please select the behavioral health (or mental health) services that are available to your target population.**

Tribally Based Behavioral Health Program

Tribally Based Mental Health Services Provider

State/Federal Prevention Program

Local Mental Health Assessment Provider (Non-Tribal Program Provider)

Indian Health Service (IHS Behavioral Health Services)

Community Agency Behavioral/Mental Health Services (Including Mental Health Assessment Providers)

Critical Care/Crisis Intervention Center

Other (please specify): Click or tap here to enter text.

**28. Have identified team members had prior training on trauma and/or healing informed care?**

Yes

No

Unsure

**29. Have identified team members received training or have access to training on youth development?**

Yes

No

If yes, please indicate the training received: Click or tap here to enter text.

**30. Have identified team members received training on Wellness Courts planning or development?**

Yes

No

Unsure

**31. If yes, what organizations have been accessed for Wellness Court training?**

Tribal Youth Resource Center

Tribal Law and Policy Institute, WellnessCourts.org or National Tribal Healing to Wellness Enhancement Training

National Council of Juvenile and Family Court Judges

Substance Abuse and Mental Health Services Administration

Center for Court Innovation

Tribal Youth Resource Center- Virtual or Archived Training Materials

National Criminal Justice Training Center

Other (please specify): Click or tap here to enter text.

**32. Please indicate existing legal or administrative codes and agreements.**

General Criminal Code

General Civil Code

Family and Domestic Code

Juvenile Dependency Code

Juvenile Delinquency Code

Tribal Truancy Code

Code or Statute that Provides for Diversion or Alternative Sentencing

Transfer Agreement with State

Transfer Agreement with Local County

Memorandum of Agreement or Memorandum of Understanding with State or County Juvenile Services

Other (please specify): Click or tap here to enter text.

**33. Please describe the juvenile justice-related services that are available to your target group.**

Tribal Juvenile Detention Center

County/State Juvenile Detention Center

Restorative Justice Program or Services (Circle-keeping, Peace-giving/Peacemaking, Restorative Approaches)

Tribal Youth Program/After-School Program

School Resource Officer (Law Enforcement in School Settings)

Pre-Trial Diversion and/or Probation Services

Tribal Police/Law Enforcement Mentorship Programs

Teen Court

Other (please specify Click or tap here to enter text.)

**34. In anticipation of operational program services, please select entry criteria.**

We will accept referrals for youth to enter the Juvenile Healing to Wellness Court by Admission (Pre-Trial).

We will accept referrals for youth to enter the Juvenile Healing to Wellness Court by Adjudication/Order (Post-Trial).

We will accept youth referrals as transfer cases from neighboring jurisdictions (Pre- or Post-Trial).

We will accept self-referred youth (youth referred by a parent or caregiver).

We will accept referrals from local providers (treatment services, school-based referrals, etc.).

Other (please specify): Click or tap here to enter text.

**Participant Forms**

**36. Select all developed participant forms and indicate progress.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not Started | In progress | Completed and In Use |
| Participant Intake Form |  |  |  |
| Participant Wellness Court Agreement/Consent |  |  |  |
| Parent/Guardian Consent Form |  |  |  |
| Consent for Treatment |  |  |  |
| Participant Orientation Manual |  |  |  |
| Participant Handbook |  |  |  |
| Participant Brochure |  |  |  |
| Participant Selected Curriculum (if any) |  |  |  |
| Participant Goals/Plan |  |  |  |

**Court Administrative Forms**

**37. Select all developed court administrative forms and indicate progress.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not Started | In progress | Completed and In Use |
| Wellness Court Policies and Procedures |  |  |  |
| Wellness Court Dispositional Forms/Pleadings |  |  |  |
| Wellness Court Memorandum of Understanding (Tribal Departments) |  |  |  |
| Advisory Committee Charter |  |  |  |
| Wellness Court Informational Sheets/Brochures/Posters |  |  |  |

**State and Partner Agency Forms**

**38. Select all developed forms and indicate progress.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not Started | In progress | Completed and In Use |
| State Transfer Order |  |  |  |
| Memorandum of Understanding or Agreement with Local State/County |  |  |  |
| Memorandum of Understanding or Agreement with Local School District |  |  |  |
| Memorandum of Understanding with External Partner Agencies |  |  |  |

**Section 4: Strategic Planning Readiness**

Each grantee is required to convene a coordinated strategic planning process that engages juvenile justice, health, education, and social service community and system representatives that will result in a project strategic plan (See reference to Strat Pak in OJJDP Solicitation). The Strat Pak is a comprehensive strategic plan designed to fully implement the Juvenile Healing to Wellness Court project.

**Core Strategic Plan Components for CTAS Purpose Area 8**

* **Implementation of an Interdisciplinary Advisory Committee**
* **Development of Project Mission and Vision**
* **Program Logic Model and Project Goals/Objectives (with supportive action plan)**
* **Team Communication Plan**
* **Planning to Support Youth & Family Engagement**
* **Data Collection Plan**
* **Sustainability Plan (Year Two)**

**Assessing Strategic Planning Readiness- The following questions are intended to assess your readiness for an intensive planning process.**

**38. We have developed a Wellness Court advisory committee.**

Yes

In Progress

Not Started Yet

Other (please specify): Click or tap here to enter text.

**39. Current members of the advisory committee have read and are familiar with the goals and objectives in the submitted application.**

Yes

No

Unsure

Other (please specify): Click or tap here to enter text.

**40. Currently identified grant team members have received and are familiar with goals and objectives in the submitted application.**

Yes

No

Unsure

Other (please specify): Click or tap here to enter text.

**41. Team members have previously engaged in strategic planning for another project/grant.**

Yes

No

Unsure

Please note strategic planning previously completed: Click or tap here to enter text.

**42. We will solicit feedback from community youth to support the development of the Juvenile Healing to Wellness Court. If no, please indicate the reasons why.**

Yes

No

Unsure

Please indicate the reasons why you would not want to include youth feedback in your court development process: Click or tap here to enter text.

**43. We will solicit feedback from Tribal families to support the development of the Juvenile Healing to Wellness Court.**

Yes

No

Unsure

Please indicate why your team would or would not include family feedback in the court development process:

Click or tap here to enter text.

**44. We will solicit feedback from Tribal leadership to support the development of the Juvenile Healing to Wellness Court.**

Yes

No

Unsure

Indicate reasons why Tribal leadership input would or would not be included in the development process:

Click or tap here to enter text.

**45. Strategic Planning Readiness**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at this Time | In Progress | Developed or Completed | Unsure |
| We have developed a juvenile healing to wellness court mission statement. |  |  |  |  |
| We have developed a juvenile healing to wellness court vision statement. |  |  |  |  |
| We have a process to collect and store data related to juvenile healing to wellness court participants and services. |  |  |  |  |
| We have access to and reviewed the OJJDP Grant Performance Measures. |  |  |  |  |
| We have a process to evaluate and review data related to the juvenile healing to wellness court processes. |  |  |  |  |
| We have a communication plan in place to support coordinated team and partner communication. |  |  |  |  |
| We have developed a logic model to support review of the inputs and outputs of services and outcomes. |  |  |  |  |
| We have a sustainability plan to support ongoing court services. |  |  |  |  |

**46. Local Level Data Collection- Please check all that apply.**

We have court management software that will capture case related data.

We utilize a word processing program (e.g., Excel) to capture and manage internal data.

We maintain court files and case related information is stored in paper files.

We have existing data sharing agreements amongst our Tribal service providers.

We maintain necessary consent forms for information sharing.

We currently use or have used a program evaluator to assist with program evaluation and quality improvement.

We internally maintain records and periodically review program processes for quality improvement.

We have data sharing agreements with local school districts.

We have data sharing agreements with local county courts or state juvenile affairs departments.

**47. Has your community conducted a youth needs assessment within the last five years?**

Yes

No

Unsure

**As part of best practices in strategic planning, Youth and Community engagement should be demonstrated to promote ownership and incorporate the appropriate voices into every stage of grant program planning and development. This may include representative participation in your grant-specific Community Advisory Committee, Wellness Team, Planning Team or other avenue that has allowed engagement with Youth & Community. Other ways include such tools as Gathering of Native Americans (GONA), Community Readiness Assessment (CRA) or Community Town Halls & Public Outreach Efforts. Briefly describe your efforts or plans to engage the voice of your youth and community:**

Click or tap here to enter text.

**48. Please share any recent findings from youth engagement activities.**

Click or tap here to enter text.

**Special Topics**

**The Tribal Youth Resource Center has a partnership with the National Native Children's Trauma Center. As part of this partnership, OJJDP Tribal Grantees have access to free resources, training, and information related to trauma informed care. These free resources include but are not limited to court assessment processes, team training and community training to support effective implementation of trauma-informed care in a court-based setting, on-site and in-person training opportunities, and virtual and telephonic conferencing.**

**49. Has your team previously received training related to trauma and/or healing-informed care?**

Yes

No

Unsure

**50. Are you interested in learning more about trauma and/or healing-informed care resources?**

Yes

No

Unsure

**51. Please check additional topics of interest for which you would like to receive training and/or resources**.

Youth in Custody (Delinquency)

Youth in Care/Control (Dependency/ICW)

LGBTQ+ and Two Spirit Youth

Girls- Special Issues

Sex Trafficking of Tribal Youth

Self-Harm/Suicide

Missing and Murdered Indian Persons

Bullying

Other (please specify): Click or tap here to enter text.

**Grantee Reporting Requirements**

**52. Were you previously aware that the SF425 is due quarterly?**

Yes

No

Unsure

**53. Were you previously aware of OJJDP reporting requirements in the JustGrants system?**

Yes

No

Unsure

**54. Have you completed and submitted required documents related to any grant special conditions?**

Yes

No

Unsure

**55. Have you been able to access and update your program information in the JustGrants system?**

Yes

No

We need assistance with this system

Other (please specify): Click or tap here to enter text.

**Thank you for completing the Tribal Grantee Organizational Self-Review and Needs Assessment Tool.**

**You may email this completed document to your assigned Training and Technical Assistance Specialist at The Tribal Youth Resource Center. Once submitted the TTA Specialist will meet with your team to review the overall responses and develop a responsive training and technical assistance plan.**

**Please contact us if you have additional questions, or you may email us at TribalYouth@TLPI.org please reference "Organizational Self-Review" in the subject line.**