

BUREAU OF JUSTICE ASSISTANCE
IMPROVING ADULT AND JUVENILE CRISIS STABILIZATION AND
COMMUNITY REENTRY PROGRAM
PERFORMANCE MEASURES QUESTIONNAIRE

GENERAL AWARD ADMINISTRATION

1. Is this the last reporting period for which the award will have data to report? *For example, all funds have been expended and the award is in the process of closing out in the Justice Grants (JustGrants) system. If you select Yes, you will be directed to answer the questions in the Semiannual Narrative Questions section. These are one-time-only questions that you will answer prior to report closeout.*
 - A. Yes/No *(If Yes, answer the Semiannual Narrative Questions and create a final report.)*

2. Was there grant activity during the reporting period? *There is grant activity when the grantee has obligated, expended, or drawn down grant funds to implement objectives proposed in the Bureau of Justice Assistance (BJA)-approved grant application. If Yes, the program becomes operational and should remain so until the grant closes out.*
 - A. Yes/No
 - B. If No, select from the following responses:

Reason(s) for no grant activity during the reporting period	Select all that apply
In procurement	<input type="checkbox"/>
Project or budget not approved by agency, county, city, or state governing agency	<input type="checkbox"/>
Seeking subcontractors (request for proposal stage only)	<input type="checkbox"/>
Waiting to hire project manager, additional staff, or coordinating staff	<input type="checkbox"/>
Paying for the program using prior federal funds	<input type="checkbox"/>
Administrative hold (e.g., court case pending)	<input type="checkbox"/>
Still seeking budget approval	<input type="checkbox"/>
Waiting for partners or collaborators to complete the application	<input type="checkbox"/>
Other	<input type="checkbox"/>
If Other, explain:	

GRANT ACTIVITY

3. Which phase of the grant were you in during this reporting period? *Select all that apply.*
- A. Planning the action plan
 - B. Implemented/Completed activities driven by the action plan
 - C. Writing the final report
4. If you were involved in the planning phase, describe what activities you completed during this reporting period.
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5. If you were involved in the implementation plan phase, describe what activities you completed during this reporting period.
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PROGRAM DESCRIPTION

6. What is the target population that your program serves? *Select all that apply.*
- A. Males
 - B. Females
 - C. Youth (under 18 years)
 - D. Young adults (18–25 years)
 - E. Adults (over 25 years)
 - F. High risk and/or high need (based on criminogenic risks/needs)
 - G. Medium risk and/or medium need (based on criminogenic risks/needs)
 - H. Low risk and/or low need (based on criminogenic risks/needs)
 - I. Individuals with mental illnesses
 - J. Individuals with substance use disorders
 - K. Individuals with co-occurring mental illnesses and substance use disorders
 - L. There are no specific characteristics for target population
 - M. Other
 - N. If Other, describe: _____
7. In which setting(s) does your program provide participants with services (case management, delivery of services, or facilitation of connection to services)? *Choose the option that applies best.*
- A. Pre-release (before release from a correctional facility, other detention, halfway house, etc.)
 - B. Post-release
 - C. Both

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8. Indicate if your Crisis Stabilization and Community Reentry (CSCR)-funded program serves individuals from any of the following criminal justice settings. *Select all that apply.*
- A. Treatment court program
 - B. Tribal courts
 - C. Pre-trial detention
 - D. Jail-based program focused on programming while individuals are in custody
 - E. Jail-based reentry program focused on preparing individuals to leave jail custody
 - F. Prison program focused on programming while individuals are in custody
 - G. Prison reentry program focused on preparing individuals to leave prison
 - H. Community supervision
 - I. Other (explain): _____
 - J. N/A—The CSCR-funded program does not target individuals from a specific criminal justice setting
9. What additional transitional services are CSCR grant funds supporting in whole or in part? *Select all that apply.*
- A. N/A—This program is not providing recovery support with CSCR funds
 - B. Crisis response
 - C. Crisis stabilization
 - D. Case planning and management
 - E. Screening assessment for mental illnesses and substance use disorders
 - F. Peer support or recovery coaching
 - G. Recovery support services
 - H. Mentoring
 - I. Family-based treatment/counseling
 - J. Family reunification services
 - K. Cognitive behavioral therapies to address criminogenic risk factors
 - L. Prescriptions for psychiatric medication
 - M. Medication-assisted treatment (MAT)
 - N. Food and nutrition assistance
 - O. Housing support services
 - P. Employment assistance
 - Q. Faith-based support
 - R. Vocational training
 - S. Education (e.g., GED support)
 - T. Childcare
 - U. Transportation assistance
 - V. Assistance with accessing health care coverage
 - W. Tribal/Cultural healing
 - X. Civil legal assistance
 - Y. Primary health
 - Z. Mental health
 - AA. Other (explain): _____

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PROGRAM PARTICIPANTS SERVED

There may be wide variation among CSCR efforts concerning what activities constitute meaningful engagement, as well as expectations for participants to meet specific program requirements and criteria. Information from the questions in this section should be interpreted in light of grant program design and is not meant for comparison across diverse programs.

Participants served includes participants to whom you have provided services and treatments directly through your organization, as well as through referrals to other organizations. This number should include all participants served by your CSCR-funded program, whether they were still engaged with your program or not.

Participants still engaged with the program should include all participants still engaged as of the end of the reporting period.

Participants no longer engaged with the program should include all participants served by your CSCR-funded program (since the grant began) who are no longer engaged, whether their engagement stopped in this reporting period or a previous one. This number should include both individuals that completed the program requirements and those that did not.

10. How many individuals do you plan to provide services to over the life of the grant?

11. Since the beginning of your grant, how many participants has your program served (cumulative)? _____

12. Out of the total number of participants your program has served since the start of your grant, how many are:

- A. Still engaged with your program _____
- B. No longer engaged with your program _____
- C. Needed crisis response and stabilization _____

13. Out of the total number of participants no longer engaged with your program since the start of the grant, how many have completed or not completed program requirements related to improving chances for successful reentry? *Such requirements/criteria can include completion of program milestones (e.g., a course of training, treatment plan) and/or meeting criteria indicative of improved chances of successful reentry (e.g., obtaining employment or housing).*

- A. Completed all program requirements or met program criteria _____
- B. Have not completed all program requirements or met program criteria _____

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SCREENING AND ASSESSMENT TOOL

Answer the following questions related to your CSCR-funded program's use of screening and assessment tools (e.g., tools assessing criminogenic risk, substance use, and mental health)

14. Are criminogenic risks and/or needs assessment tool(s) used to inform the services provided to participants?
- A. Yes/No (*If No, skip to question 18*)
15. Are the criminogenic risks and/or needs assessment tool(s) results used to determine who is admitted as a participant to the CSCR-funded program?
- A. Yes/No
16. Are the criminogenic risks and/or needs assessment tool(s) results used to inform individualized case planning done by the CSCR-funded program?
- A. Yes/No
17. Name(s) of criminogenic risks and/or needs assessment tool(s) used:

18. Are mental illness and/or substance use disorder screening and assessment tools used to inform the services provided to participants?
- A. Mental illness screening and assessment tools
B. Substance use disorder screening and assessment tools
C. Both mental illness and substance use disorder screening and assessment tools
D. No mental illness and substance use disorder screening and assessment tools are used
19. Are the mental illness and/or substance use disorder screening and assessment tool(s) results used to determine who is admitted as a participant to the CSCR-funded program?
- A. Yes/No
20. Are the mental illness and/or substance use disorder screening and assessment tool results used to inform individualized case planning done by the CSCR-funded program?
- A. Yes/No
21. Name(s) of the mental illness and/or substance use disorder screening and assessment tool(s) used: _____

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DRUG OR ALCOHOL TESTING

Testing referred to in this section includes urinalysis, breathalyzer, or other proven reliable forms of drug and alcohol testing. Testing can be administered either by your program or by another entity you are in coordination with.

22. Do participants receive drug or alcohol testing to help monitor substance use and treatment progress?
- A. Yes/No (*If No, skip to next section*)
23. Is testing random (as opposed to scheduled in advance with program participant knowledge)?
- A. Yes/No
24. During the reporting period, how many program participants received at least one random drug or alcohol test? _____
25. During the reporting period, how many program participants tested positive at least once from a random drug or alcohol test? _____ Treatment Services Provided

This section focuses on program engagement with crisis and/or treatment services. Several studies indicate that maintained engagement improves participant outcomes with substance use treatments. However, there may be wide variation among CSCR efforts concerning what time lengths and activities constitute meaningful engagement toward program goals. Information from these questions should be interpreted in light of grantee program design and is not meant for comparisons across diverse programs.

26. On average, what is the estimated length of time it takes from when an individual is identified as having a mental illness and/or substance use disorder to begin receiving treatment services? _____
27. Does your CSCR-funded program provide treatments targeted to users with specific types of drug or alcohol addiction? *Select all that apply.*
- A. Treatment is not targeted to specific type of drug or alcohol addiction
- B. Stimulants (cocaine, methamphetamine, bath salts, etc.)
- C. Opioids (heroin, synthetic opioids, prescription opioids, etc.)
- D. Alcohol
- E. Other
- F. If Other, explain: _____
28. Does your CSCR-funded program provide treatments targeted to users with specific types of mental illnesses?
- A. Yes/No
- B. If Yes, explain: _____

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29. Is the program specifically designed to target participants who are either parents of minor children or pregnant women?

A. Yes/No (If No, skip next question)

30. If Yes, select all of the following that apply to your program:

- A. The program is designed to engage parents who are substance users and have minor children and/or pregnant women who are substance users
- B. The program takes place in a correctional and/or residential facility where children reside with the substance user parent
- C. None of the above

31. Does your program provide services to family members of program participants in a substance use or mental illness treatment program? *The definition of family member covers a wide range of relationships, including spouse, parents, parents-in-law, children, brothers, sisters, grandparents, grandchildren, stepparents, foster parents, foster children, guardianship relationships, and domestic partners. Services received by family members can include services for children (nursery and schooling, health care, etc.), family counseling, and other supportive services.*

A. Yes/No (If No, skip next question)

32. Since the beginning of the grant:

- A. How many program participants have family members who have received such services funded by CSCR? _____
- B. How many family members of program participants have received services funded by CSCR? (cumulative) _____

33. What substance use treatment services are at least partially funded with CSCR-funds? *Select all that apply.*

- A. Outpatient services
- B. Intensive outpatient/partial hospitalization services
- C. Residential/Inpatient services
- D. Medically managed intensive inpatient services
- E. Inpatient withdrawal management (detoxification) MAT
- F. Co-occurring substance use and mental health disorder treatment services
- G. Mental health treatment services
- H. Family therapy
- I. Trauma treatment
- J. Other
- K. If Other, describe: _____

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34. What mental illness treatment services are at least partially funded with CSCR-funds? *Select all that apply.*
- A. Outpatient services
 - B. Intensive outpatient/partial hospitalization services
 - C. Residential inpatient services
 - D. Medically managed intensive inpatient services
 - E. Psychiatric medication management
 - F. Co-occurring substance use and mental health disorder treatment services
 - G. Substance use treatment services
 - H. Family therapy
 - I. Trauma treatment
 - J. Other
 - K. If Other, describe: _____
35. Does your program provide psychiatric medications to participants receiving treatment?
- A. Yes/No (*If No, skip next three questions*)
36. What crisis services are at least partially funded with CSCR-funds? *Select all that apply.*
- A. Crisis response (such as overdose response/coordination, suicide, homelessness)
 - B. Crisis stabilization
 - C. Other
 - D. If Other, describe: _____
37. Does your program provide psychiatric medications or medications to treat and/or support crisis stabilization?
- A. Yes/No (*If No, skip next three questions*)
38. Does your program provide MAT to participants receiving treatment? *Select all that apply.*
- A. Yes/No (*If No, skip next three questions*)
39. Which MAT medications are offered to individuals in the program? *Select all that apply.*
- A. Methadone
 - B. Buprenorphine (Suboxone, Subutex)
 - C. Naltrexone (Vivitrol)
 - D. Not applicable (the program does not provide MAT)
 - E. Other
 - F. If Other, describe: _____
40. Since the start of the grant, how many individuals with alcohol and/or opioid use disorders have been identified as eligible for MAT? *This number should include both participants who were still engaged in the program and those who were no longer engaged during the last reporting period (cumulative).* _____

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41. Since the start of the grant, how many individuals with alcohol and/or opioid use disorders have received at least one MAT treatment? *This number should only include individual program participants who received at least one MAT during a reporting period. Individuals should be included even if they received MAT in previous reporting periods. This number provides an indication of your program's level of activity within a period related to treating individuals using MAT.*

42. Does your mental illness and/or substance use treatment program use cognitive behavioral therapies?

A. Yes/No

B. If Yes, provide a brief description: _____

SERVICES PROVIDED

Answer the following questions based on the services provided by your CSCR-funded program. If a service is not applicable to your CSCR-funded program, enter "999."

43. Since the beginning of the program, provide the total number of participants who received the following services:

- A. Crisis services _____
- B. Cognitive behavioral therapies _____
- C. Substance use disorder treatments _____
- D. Mental health treatments _____
- E. Education _____
- F. Employment _____
- G. Housing _____
- H. Recovery support services _____
- I. Other _____

44. Since the beginning of the program, provide the total number of participants who received the following services and outcomes:

- A. Obtained health insurance coverage _____
- B. Obtained food/nutrition assistance _____
- C. Obtained Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) _____
- D. Obtained housing _____
- E. Obtained permanent/stable housing (i.e., for 6 months or longer) _____
- F. Obtained high school diploma or equivalent _____
- G. Obtained vocational/professional/occupational certifications or licenses _____
- H. Obtained higher education degree _____
- I. Obtained employment _____
- J. Obtained and retained employment for 6 months or longer _____

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TRAINING

45. Did the program provide or facilitate training to program staff (or individuals involved in the program) during the reporting period? *Training on a particular topic and/or a skill related to a specific operation for either individuals who can use the information or skill on their job or trainers who will provide instruction to others. (Examples include providing training in a classroom/onsite or virtual setting; hosting and/or conducting a webinar; or conducting a workshop at a conference or summit.)*

A. Yes/No *(If No, skip to next section)*

46. How many trainings were completed during the reporting period? _____

47. For each of the trainings completed during the reporting period, provide the following information. *Count each person only once per training topic, regardless of how many times they attended training. You may report five trainings per reporting period.*

- A. Training name _____
- B. Target audience _____
- C. Number of people trained _____
- D. Training provider _____
- E. What funds were used to provide the training? *(Select all that apply.)*
 - ____ CSCR grant funds
 - ____ National Training and Technical Assistance Center funds
 - ____ Other Office of Justice Programs funds
 - ____ Other funds

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SEMIANNUAL NARRATIVE QUESTIONS

In this module, you will identify the goals you hope to achieve with your funding. Once submitted, these goals cannot be changed without approval of your grant manager.

Set **S M A R T** goals to clarify the scope of your priorities:

- Specific
- Measurable
- Achievable
- Relevant
- Time-bound

If you have multiple goals, provide updates on each on separately.

Answer the following questions every semiannual reporting period (January and July of each year), based on your grant-funded activities.

1. What were your accomplishments during reporting period?

2. What goals were accomplished, as they relate to your grant application?

3. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

4. Is there any assistance that BJA can provide to address any problems/barriers identified in question 3?
 - A. Yes/No
 - B. If Yes, explain: _____
5. Are you on track to complete your program fiscally and programmatically as outlined in your grant application?
 - A. Yes/No
 - B. If No, explain: _____
6. What major activities are planned for the next 6 months?

7. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with BJA?

THANK YOU FOR PARTICIPATING!

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