BUREAU OF JUSTICE ASSISTANCE

SECOND CHANCE ACT: PAY FOR SUCCESS

PERFORMANCE MEASURE QUESTIONNAIRE

GENERAL AWARD ADMINISTRATION

1. Did you obligate, expend, or draw down grant funds (federal and/or matching funds) for approved grant program activities during the reporting period?
   A. Yes.
   B. No. (If no, answer the following question, then proceed to the Semiannual Narrative section).

2. If no, did you conduct any activities related to this award using <u>other</u> funding sources (non-federal, non-match) during this reporting period?
   A. Yes. Please describe the activities that have taken place:

   _____

   B. No. Please explain why there has been no activity:

   _____

3. Are you using your grant funds to provide treatment and services (or contracted services) to individual program participants? *This includes using funds to provide treatment and services directly to participants or indirectly through referrals to other programs and organizations.*

   A. We are currently using grant funds to provide treatment and services to individual program participants. *By selecting this option, you will answer questions in the "Program Description" and "Program Participants Served" sections for this period.*
   B. We plan to use grant funds to provide treatment and services to individual program participants, but we have not started (i.e., we are still in the planning phase). *By selecting this option, you will answer questions in the "Program Description" section but not for the "Program Participants Served" section for this period.*

PROGRAM DESCRIPTION

Complete this section the first reporting period in which you have data to report.

1. What is the target population that your program serves? *Select all that apply.*

   A. Males.
   B. Females.
   C. Youth (i.e., under 18 years).
   D. Young adults (i.e., 18–25 years).
   E. Adults (i.e., over 25 years).
   F. High risk and/or high needs (based on criminogenic risk/needs).
   G. Medium risk and/or medium needs (based on criminogenic risk/needs).
   H. Low risk and/or low needs (based on criminogenic risk/needs).
   I. Individuals with mental illnesses.

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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: _____

2. In which setting(s) does your program provide participants with services (case management, delivery of services, or facilitation of connection to services)? *Select all that apply.*

A. Pre-release from jail.
B. Pre-release from prison
C. Pre-release from another type of custody.
D. Post-release from jail.
E. Post-release from prison.
F. Post-release from another type of custody.
G. Probation (not following a term of incarceration).
H. Other.
I. If Other, describe: _____

PERFORMANCE/OUTCOME-BASED CONTRACT MEASURES

3. During the reporting period, how many new performance- or outcome-based contacts (OBC) were executed? ____

4. How many performance/outcome benchmarks have been established within all contracts since the beginning of the grant? ____

A. How many were achieved during the reporting period?
B. How many were not achieved during the reporting period?

PROGRAM PARTICIPANTS SERVED

Participants served includes participants whom you have provided services and treatments to directly through your organization, as well as through referrals to other organizations. This number should include all participants served by your SCA-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 SCA-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 who did not.

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5. How many individuals do you plan to provide services (or contracted services) to over the life of the grant? ____

6. Since the start of this grant, how many participants has your program served? _____

7. Since the start of this grant, how many participants are:

   A. Still engaged with your program: ____
   B. Have exited your program: ____

8. Out of the total number of participants who exited the program:

   A. How many completed all program requirements or met program criteria? *Such requirements/criteria can include completion of program milestone (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)*: _____

   B. How many exited the program without completing all program requirements or meeting? _____

SERVICES PROVIDED

Please answer the following questions based on the services provided directly or through referrals from your SCA-funded program. If a service is not applicable to your SCA-funded program, please enter "9999."

9. Since the beginning of this grant funding, how many participants have received the following services, provided either directly by your program or through a referral:
   A. Case planning and management: ___
   B. Peer support services: ___
   C. Cognitive behavioral therapies to address criminogenic risk: ___
   D. Substance use disorder treatments: ___
   E. Mental health treatments: ___
   F. Education: ___
   G. Employment assistance: ___
   H. Housing support services: ___
   I. Transportation assistance: __
   J. Other services
   K. If other, please describe: _____

10. Since the beginning of this grant funding, how many participants who received services provided either directly by your program or through a referral achieved the following outcomes:
    A. Obtained housing: ___
    B. Obtained high school diploma or GED: ___
    C. Obtained vocational/professional/occupational certifications or licenses: ___
    D. Obtained higher education degree: ___
    E. Obtained and retained employment for 6 at least months: ___
    F. Obtained and retained housing for at least 6 months: ___

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RECIDIVISM

The next set of questions is about tracking the recidivism of individuals who exited an SCA program. This section is to be completed at the close of the grant.

Post-Exit Recidivism (6-Month Follow-Up)

Instructions:

*Report only on former participants who **exited the program at least 6 months or more from the end date of this report**. This ensures that each participant has had a **full 6-month or more window** after exiting the program. Only include participants for whom you were able to obtain recidivism information (e.g., re-arrest/re-incarceration).*

11. Is this the last reporting period for which the award will have data to report?
    A. Yes/No
    If yes, answer the following question related to recidivism among former program participants, otherwise skip this section. Select
12. For all former participants who successfully completed the program at least 6-months prior to the end of the award period, report the number of individuals in each category below:
    A. Individuals with at least one arrest since successfully exiting the program: ___
    B. Individuals with at least one conviction since successfully exiting the program: ___
    C. Individuals with at least one revocation of the terms of supervised release since successfully completing the program: ___
    D. Individuals with at least one new reincarceration since successfully completing the program: ___
    E. Individuals with no new arrests, convictions, revocations, or reincarcerations since successfully completing the program: ___
    F. Individuals for whom recidivism data could not be tracked: ___
13. For all former participants who existed but did NOT successfully complete the program at least 6-months prior to the end of the award period, report the number of individuals in each category below:
    A. Individuals with at least one arrest since unsuccessfully exiting the program: ___
    B. Individuals with at least one conviction since unsuccessfully exiting the program: ___
    C. Individuals with at least one revocation of the terms of supervised release since unsuccessfully completing the program: ___
    D. Individuals with at least one new reincarceration since unsuccessfully completing the program: ___
    E. Individuals with no new arrests, convictions, revocations, or reincarcerations since unsuccessfully completing the program: ___
    F. Individuals for whom recidivism data could not be tracked: ___

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SEMIANNUAL NARRATIVE QUESTIONS

With these questions, please report on the goals you planned to achieve with your grant funding. These should align with your approved application and program budget. Once submitted, these goals should remain unchanged throughout the life of the award, unless discussed with your grant manager. Please ensure your responses are complete, comprehensive and specific to this award.

Set SMART goals to clarify the scope of your priorities:

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

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

1. What were your accomplishments, including any progress made toward achieving your grant-funded program goals during reporting period? *Your response should outline any actions executed by your agency in the overall implementation of your award, administrative or programmatic. Please ensure your program goals relate back to your approved application and program budget. Generally, you should describe more than one accomplishment.*

   _____

2. What challenges did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

   _____

3. Is there any assistance that BJA (or a TTA provider) can provide to address any challenges identified in Question 2?
   A. Yes/No
   B. If Yes, explain: _____

4. Are you on track to achieve the goals you hope to achieve with your grant funding, both fiscally and programmatically as outlined in your grant application? *(If No, please provide an explanation as to why your agency is not on-track and what your plans are to address the delay.)*
   A. Yes/No
   B. If No, explain: _____

5. What major activities are planned for the next 6 months? *Your response should address the goals and objectives as outlined in the Program Narrative and provide an update on the planned activities in the next 6 months under each goal.*

   _____

   _____

6. Do you have any innovative programs/accomplishments that you would like to share with BJA?

   _____

   _____

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Thank you (page)

Thank you for submitting your performance data. When you select the Finish button, you will return to the performance report and you will need to Submit the performance report.