

BUREAU OF JUSTICE ASSISTANCE
RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM
PERFORMANCE MEASURES

GENERAL AWARD ADMINISTRATION

1. Is this the **last reporting period** for which the award will have data to report?
For example, were all funds expended and is the award in the process of closing out in the Grants Management System?
 - A. Yes/No *(If Yes, answer the semiannual narrative questions.)*

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 you select Yes, the program becomes Operational and should remain so until the grant closes out?*

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 from BJA	<input type="checkbox"/>
Waiting for partners or collaborators to complete agreements	<input type="checkbox"/>
Other	<input type="checkbox"/>
If Other, please explain	

ACTIVITY TYPE

3. What type of services do you provide to participants in your RSAT program? *Select the services that best reflect the program design.*
 - A. Jail-based treatment services. Jail is defined as any confinement facility of a federal, state, or local law enforcement agency whose primary use is to hold persons pending adjudication of criminal charges, persons committed to confinement after adjudication of criminal charges for sentences of 1 year or less, or persons adjudicated guilty who are awaiting transfer to a correctional facility _____

 - B. Prison-based services. Prison is defined as any institution under federal or state jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of 1 year in length, or a felony _____

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- C. Juvenile-based services ____ (includes any program that provides services to juvenile)
- D. Aftercare services (including Department of Corrections (DOC) or DOC-operated community-based facilities) ____
- E. Program Characteristics ____
4. Please enter the number of **treatment staff** who work directly with participants in the Residential Substance Abuse Treatment (RSAT) program since the beginning of grant funding. *When answering 'A', please count all treatment staff regardless of funding source. Staff would be all treatment employees, including but not limited to program managers, case managers, and clinicians. Do NOT count the number of mentors, volunteers, or interns.*
- A. Number of treatment staff ____
- B. Of those reported in 'A', how many are paid for at least partially using BJA program funds, including matching funds? ____
5. Please enter the amount of funds from all sources (in dollars) spent in your RSAT program **during the reporting period** for the following areas:

Funds Spent during Quarter	BJA Funds	Non-BJA Funds (All Other Sources)
Personnel		
Fringe benefits		
Supplies/Equipment		
Contract/consultant fees		
Construction		
Indirect costs		
Other		

JAIL/PRISON/JUVENILE BASED PROGRAMS

6. During the reporting period, using BJA program funds including matching funds, did you pay for training for treatment staff to be cross trained in the jail/prison-based portion of the RSAT program?
- A. Yes/No (*If No, go to Question 8*)
7. Please enter the number of **treatment staff** members who were cross trained in the jail/prison-based portion of the RSAT program since the beginning of the program. *This information should be based on the number of treatment staff who received training in the implementation of assessment instruments, motivational interviewing (MI) techniques, accountability training, or addiction-related trainings, as well as the number of treatment staff who received officer training and other security training sessions.*
- A. Number of treatment staff cross trained ____

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8. During the reporting period, using BJA program funds including matching funds, did you pay for training for **custody staff** to be cross trained in the jail/prison-based portion of the RSAT program?

A. Yes/No *(If No, go to Question 8)*

9. Please enter the number of **custody staff** members who were cross trained in the jail/prison-based portion of the RSAT program since the beginning of the program. *This information should be based on the number of uniformed officers who received training in the implementation of assessment instruments, MI techniques, accountability training, or addiction-related trainings, as well as the number of treatment staff who received officer training and other security training sessions.*

A. Number of custody staff cross trained _____

The following questions pertain to individuals who are receiving services in your RSAT program. The following sections include the following: Risk Assessment and Treatment Planning, Number of Participants Receiving Services, Services Provided, Program Completion, Alcohol and Substance Involvement, and Court and Criminal Involvement. For these questions, please report the number of individuals that is equal to the proportion of the federal funds (plus matching funds) of your total annual budget for the RSAT program. For example, if the BJA RSAT grant (plus matching funds) accounts for 65 percent of the total annual budget, then please report on 65 percent of the program participants. When applying the percentage, please round to the nearest whole number. Similarly, if BJA RSAT funds (plus matching funds) are paying for a specific number of beds/treatment spaces within your facility, please report on those individuals who are occupying those beds/treatment spaces.

Number of Participants Receiving Services

10. Of those who entered the jail/prison-based portion of the RSAT program, please enter the number of jail/prison/juvenile-based participants for the following measures.

Measure	Cumulative Total
Total number of jail/prison-based participants enrolled as of the last day of the reporting period	
Number of NEW jail/prison-based participants admitted during the reporting period	

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Risk Assessment and Treatment Planning

11. Of those who entered the jail/prison-based portion of the RSAT program, please enter the number of jail/prison/juvenile-based participants for the following measures. *Please only include those individuals who have been admitted to the RSAT program.*

Measure	Cumulative Total
Number of jail/prison/juvenile-based participants administered a risk and needs assessment	
Number of jail/prison-based participants with high criminogenic risks/needs	
Number of jail/prison-based participants with an individualized treatment plan. <i>Number should not exceed the number of new participants indicated in question 10</i>	

12. Are risk assessment screening tool results used in determining who is admitted as a participant into the RSAT Program? A risk and needs assessment is an instrument to help identify factors that may lead a participant to reoffend and services needed services to minimize those risks. The risk and needs assessment does not need to have been completed during the reporting period and could be completed by an outside entity.

A. Yes/No

13. Please name the risk assessment instrument(s) that is used to assess risk/need.

Services Provided

14. Please enter the number of jail/prison/juvenile-based participants who were provided services during the reporting period with BJA program funds, including matching funds, through the following treatment components:

- A. Substance abuse and treatment services _____
- B. Cognitive and behavioral services (cognitive behavioral services include interventions that address criminal thinking and antisocial behavior) _____
- C. Employment services _____
- D. Housing services _____
- E. Mental health services _____
- F. Reentry Services _____
- G. Educational Services _____
- H. Like skill services (parenting, anger management, financial preparation, health etc.)
- I. Transportation assistance services _____
- J. Other services _____
- K. Please explain other services _____

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15. Please enter the number of jail/prison/juvenile-based participants who were provided with **transitional planning services with BJA program funds, including matching funds, since the beginning of grant funding.** *To provide transitional planning services, the RSAT program must work with clients to develop individualized post-release plans that address each client's needs in terms of housing, employment/financial support, and ongoing therapeutic needs. These include enrollment in Medicaid or subsidized insurance programs, where available. They also include prerelease engagement with the community correctional agency that will be providing post-release supervision of the client, where relevant. **Note: Blanket referrals to community self-help programs do not constitute "transitional planning services."***
- _____

Medication Assisted Treatment

The following questions ask about any Medication Assisted Treatment (MAT) participants may be receiving within your program during the reporting period. BJA supports the right of individuals to have access to appropriate MAT under the care and prescription of a physician. BJA recognizes that not all communities may have access to MAT due to lack of physicians who are able to prescribe and oversee clients using anti-alcohol and opioid medications.

16. If your treatment program includes MAT, which of the following medications are you utilizing? *Select all that apply.*
- A. ____ We do not provide MAT *(Skip next question)*
 - B. ____ We do not have access to MAT *(Skip next question)*
 - C. ____ Naltrexone (Vivitrol®, Depot naltrexone)
 - D. ____ Buprenorphine or Buprenorphine/Naloxone (Bup/NX) (Suboxone®)
 - E. ____ Methadone
17. Of the total participants enrolled in your program, how many were deemed eligible for MAT and of those eligible, how many received MAT during the reporting period?
- A. Individuals eligible for MAT ____
 - B. Individuals receiving at least one treatment ____

Program Completion

18. Please enter the number of participants who **successfully completed** all requirements of the jail/prison-based portion of your RSAT program during the reporting period. *The number entered should represent only those participants who successfully completed all the requirements of the RSAT program during the reporting period.*
- A. Number of jail/prison-based successful completers ____

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19. Of those jail/prison/juvenile-based participants who **successfully completed** all program requirements, please enter the number who were **released to the community** during the reporting period.
- A. Number of jail/prison/juvenile-based successful completers released to the community ____
- B. Of those reported in 'A', how many individuals were released under correctional supervision. ____
- C. Of the number of successful completers released to the community, how many individuals were referred to an aftercare program. *Aftercare programs are defined in 42 U.S.C. 3796ff-1(c)* ____
20. Of those jail/prison/juvenile-based program completers released to the community, please enter the number with a **continuity of care arrangement or reentry or transitional plan**. *The number should be based on the number of participants with active treatment plans that continue in the community and on participants who receive referrals for services after their release into the community.*
- A. Number of jail/prison/juvenile-based successful completers with confirmed continuity of care arrangements ____
21. Please enter the number of individuals who **did not complete and are no longer participants in** the jail/prison/juvenile-based portion of the RSAT program during the reporting period. *Former participants should not fit in more than one category, so please choose the option that best represents why these individuals did not complete the program.*

Jail/Prison/Juvenile based Incompletes		
	Measure	Number
A	Number of participants no longer in the program due to termination for a new charge	
B	Number of participants no longer in the program due to release or transfer to another correctional facility	
C	Number of participants no longer in the program due to death or serious illness	
D	Number of participants no longer in the program due to voluntary drop out	
E	Number of participants no longer in the program due to failure to meet program requirements	
F	Number of participants no longer in the program due to violation of institutional rules	
G	Number of participants who did not complete the program for other reasons (Please specify)	
	Please specify:	

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Alcohol and Substance Involvement

22. Please enter the number of **jail/prison/juvenile-based** participants who were administered an alcohol/drug test (e.g., urinalysis test) **before** admission into your RSAT program. *As a requirement, grantees must agree to implement or continue to require urinalysis or other proven reliable forms of testing, including both periodic and random testing (1) of an individual before the individual enters an RSAT program and during the period in which the individual participates in the treatment program; and (2) of an individual released from an RSAT program if the individual remains in the custody of the state.*

A. Number of jail/prison/juvenile-based participants tested before admission _____

23. Of those enrolled in the **jail/prison/juvenile-based** portion of the RSAT program, please enter the total number of participants tested for alcohol or illegal substances during the reporting period. *This should represent the total number of RSAT participants who were given drug tests. The number entered should be an unduplicated count only of participants who were tested for alcohol or illegal substances, and it should be equal to or greater than the number of participants who tested positive. If not, please check for data entry error.*

A. Total number of jail/prison/juvenile-based participants tested for alcohol or illegal substances _____

24. Of those enrolled in the **jail/prison/juvenile-based** portion of the RSAT program, please enter the number of participants who tested positive for the presence of alcohol or illegal substances during the reporting period. *The number entered should be an unduplicated count only of participants who tested positive for alcohol or illegal substances, and it should be equal to or less than the total number of participants tested. If not, please check for data entry error. Alcohol and substance use information should be based on documented tests rather than self-reported information from program participants. Include all participants who received services during the reporting period, regardless of whether they successfully completed the RSAT program, left without completing it, or are currently enrolled.*

A. Number of jail/prison/juvenile-based participants who tested positive for alcohol or illegal substances _____

25. During the reporting period, please enter the number of participants who were administered an alcohol/drug test (e.g., urinalysis test) within 30 days after **successfully completing** your residential drug treatment program and are still under supervision of the program.

A. Number of jail/prison/juvenile-based participants tested after program completion _____

B. Of that number, how many tested positive for alcohol or illegal substances after program completion _____

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COURT AND CRIMINAL INVOLVEMENT: JAIL/PRISON BASED

The next set of questions is about court and criminal involvement for offenders who have ever participated in the RSAT jail/prison-based program. This section is to be completed at the close of the grant.

26. Since the **start** of the **BJA RSAT award**, how many jail/prison/juvenile based participants:

- A. Are still participating in the jail/prison/juvenile-based RSAT program? ____
- B. Have successfully completed the jail/prison-based RSAT program and released into the community? ____
- C. Did not complete the jail/prison-based RSAT program and released into the community? ____
- D. Were released into a **mandated** aftercare program. *Aftercare programs are defined in 42 U.S.C. 3796ff-1(c)* ____.

27. Since the start of the RSAT BJA award, enter the total number of jail/prison/juvenile-based participants released into the community who successfully completed and unsuccessfully exited and were reincarcerated:

Court and Criminal Involvement Since the Start of the BJA Award for Individuals Who Received Aftercare Services			
	Measure	Reincarcerated based on a New Criminal Charge	Reincarcerated based on a Revocation for a Technical Violation
A.	Participants released into the community (excluding mandated aftercare programs) who successfully completed the jail/prison based program		
B.	Participants released into the community (excluding mandated aftercare programs) who participated but unsuccessfully exited the program		

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AFTERCARE PROGRAMS

The following questions pertain to individuals that are receiving services in your RSAT program. The following sections consist of the following: Risk Assessment and Treatment Planning, Number of Participants Receiving Services, Services Provided, Program Completion, Alcohol and Substance Involvement, and Court and Criminal Involvement. For these questions, please report the number of individuals that is equal to the proportion of the federal funds (plus matching funds) of your total annual budget for the RSAT program. For example, if the BJA RSAT grant (plus matching funds) accounts for 65% of the total annual budget, then please report on 65% of the program participants. When applying the percentage, please round to the nearest whole number. Similarly, if BJA RSAT funds (plus matching funds) are paying for a specific number of beds/treatment spaces within your facility, please report on those individuals that are occupying those beds/treatment spaces.

Risk Assessment and Treatment Planning

28. Of those who entered the aftercare portion of the RSAT, please enter the number of aftercare -based participants for the following measures.

Measure	Cumulative Total
Number of aftercare participants administered a risk and needs assessment.	
Number of aftercare participants with high criminogenic risks/needs	
Number of aftercare participants with an individualized treatment plan <i>Number should not exceed the number of new participants indicated in question 23</i>	

29. Are risk assessment screening tool results used in determining who is admitted as a participant into the RSAT aftercare program? *A risk and needs assessment is an instrument to help identify factors that may lead a participant to reoffend and services needed services to minimize those risks. The risk and needs assessment does not need to have been completed during the reporting period and it could be completed by an outside entity.*

A. Yes/No

30. Please name the risk assessment instrument(s) that is used to assess risk/need.

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Number of Participants Receiving Services

31. Of those who entered the aftercare portion of the RSAT program, please enter the number of aftercare-based participants for the following measures.

Measure	Cumulative Total
Total number of aftercare participants enrolled as of the last day of the reporting period	
Number of NEW aftercare participants admitted during the reporting period	
Of those newly admitted aftercare participants released to the community, please enter the number with a continuity of care arrangement or reentry or transitional plan . <i>The number should be based on the number of participants with treatment referrals for services after their release into the community</i>	

Services Provided

32. Please enter the number of aftercare participants who were provided services during the reporting period with BJA program funds, including matching funds, through the following treatment components:

- A. Substance abuse and treatment services _____
- B. Cognitive and behavioral services (including interventions that address criminal thinking and antisocial behavior) _____
- C. Employment services _____
- D. Housing services _____
- E. Mental health services _____
- F. Reentry Services _____
- G. Educational Services _____
- H. Life skill services (parenting, anger management, financial preparation, health etc.) _____
- I. Transportation assistance services _____
- J. Other services _____
- K. Please explain other services _____

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33. If your treatment program includes MAT, which of the following medications are you utilizing? *Select all that apply.*
- A. ____ We do not provide MAT (Skip next question)
 - B. ____ We do not have access to MAT (Skip next question)
 - C. ____ Naltrexone (Vivitrol®, Depot naltrexone)
 - D. ____ Buprenorphine or Buprenorphine/Naloxone (Bup/NX) (Suboxone®,)
 - E. ____ Methadone
34. Of the total participants enrolled in your program, how many were deemed eligible for MAT and of those eligible, how many received MAT during the reporting period?
- A. Individuals eligible for MAT: _____
 - B. Individuals receiving at least one MAT treatment: _____

Program Completion

35. Please enter the number of participants who successfully completed all requirements of the aftercare portion of your RSAT program during the reporting period. *The number entered should represent only those participants who successfully completed all the requirements of the RSAT program during the reporting period.*
- A. Number of aftercare **successful** completers _____
36. Please enter the number of individuals who **did not complete** the **aftercare** portion of the RSAT program for the categories below. *Participants should not fit in more than one category, so choose the option that best represents why these individuals did not complete the program.*

Aftercare Incompletes		
Measure		Number
A.	Number of participants no longer in the program due to failure to meet program requirements	
B.	Number of participants no longer in the program due to court or criminal involvement (technical violation, arrest, conviction, revocation, reincarceration)	
C.	Number of participants no longer in the program due to voluntary drop out	
D.	Number of participants no longer in the program due to absconding	
E.	Number of participants no longer in the program due to relocating or case transfer	
F.	Number of participants no longer in the program due to death or serious illness	
G.	Number of participants who did not complete the program for other reasons (please specify)	
	Please specify	

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Alcohol and Substance Involvement

37. Please enter the number of participants who were administered an alcohol/drug test before admission into your aftercare program. *As a requirement, grantees must agree to implement or continue to require urinalysis or other proven reliable forms of testing, including both periodic and random testing (1) of an individual before the individual enters an RSAT program and during the period in which the individual participates in the treatment program; and (2) of an individual released from an RSAT program if the individual remains in the custody of the state.*

A. Number of aftercare participants tested before admission into the program _____

38. Of those enrolled in the **aftercare** portion of the RSAT program, please enter the total number of participants tested for alcohol or illegal substances during the reporting period. *This should represent the total number of RSAT participants who were given drug tests. The number entered should be an unduplicated count only of participants enrolled in the program who were tested for alcohol or illegal substances, and it should be equal to or greater than the number of participants who tested positive. If not, please check for data entry error.*

A. Total number of aftercare participants tested for alcohol or illegal substances _____

39. Of those enrolled in the **aftercare** portion of the RSAT program, please enter the number of participants who tested positive for the presence of alcohol or illegal substances during the reporting period. *The number entered should be an unduplicated count only of participants enrolled in the program who tested positive for alcohol or illegal substances, and it should be equal to or less than the total number of participants tested. If not, please check for data entry error. Alcohol and substance use information should be based on documented tests rather than self-reported information from program participants. Include all participants who received services during the reporting period, regardless of whether they successfully completed the RSAT program, left the program without completing it, or are currently enrolled.*

A. Number of aftercare participants who tested positive for alcohol or illegal substances _____

40. During the reporting period, please enter the number of participants who were administered a drug test within 30 days after successfully completing your residential drug treatment program.

A. Number of aftercare participants tested after program completion _____

B. Of that number, how many tested positive for alcohol or illegal substances following program completion? _____.

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COURT AND CRIMINAL INVOLVEMENT: AFTERCARE

The next set of questions is about court and criminal involvement for ex-offenders who have ever participated in the RSAT Aftercare program. Note: Individuals can be included in more than one category. For example, an ex-offender could be arrested and have a conviction; the individual should therefore be counted in both categories. If an ex-offender has multiple arrests or convictions, only count that individual once. This section is to be completed at the close of the grant.

41. Since the **start** of the RSAT **BJA award**, how many aftercare participants:

- A. Are still receiving aftercare services? ____
- B. Have successfully completed aftercare services? ____
- C. Did not complete aftercare services? ____

42. Since the start of the RSAT BJA award, enter the total number of aftercare participants who have had a **court** and/or **criminal involvement event**. *An ex-offender can be counted in more than one category (i.e., an individual can have an arrest and a conviction and then be reincarcerated). However, do not count the frequency of events (i.e., number of arrests and convictions). Pending charges that the individual had prior to entering the program should not be counted.*

Court and Criminal Involvement Since the Start of the BJA Award for Individuals Who Received Aftercare Services

Measure		Arrested on a New Charge	Conviction for a New Charge	Revocation of the Terms of Supervised Release	Reincarceration Based on a New Sentence
A.	Participants who are still participating in the program				
B.	Ex-participants who successfully completed the program				
C.	Ex-participants who unsuccessfully exit the program				

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43. How was the information obtained for those ex-offenders who were **arrested** on a new charge? *Select the best option that describes how the information was obtained.*

- A. The grantee is a criminal justice agency such as the department of corrections, probation, or parole and has access to this information.
 - B. The grantee has a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or linkage agreement with a correctional agency that has access to this information.
 - C. The grantee conducts public record jail/prison searches online.
 - D. The grantee entered unofficial data (through word of mouth or from participants who reported the incident).
 - E. The grantee does not have access to official justice information.
 - F. Other (Please specify)
-

44. How was the information obtained for those ex-offenders who were **convicted** of a new crime? *Select the best option that describes how the information was obtained.*

- A. The grantee is a criminal justice agency such as the department of corrections, probation, or parole and has access to this information.
 - B. The grantee has a MOU, MOA, or linkage agreement with a correctional agency that has access to this information.
 - C. The grantee conducts public record jail/prison searches online.
 - D. The grantee entered unofficial data (through word of mouth or from participants who reported the incident).
 - E. The grantee does not have access to official justice information.
 - F. Other (Please specify)
-

45. How was the information obtained for ex-offenders who had a **revocation** of the terms of supervised release? *Select the best option that describes how the information was obtained.*

- A. The grantee is a criminal justice agency such as the department of corrections, probation, or parole and has access to this information.
 - B. The grantee has a MOU, MOA, or linkage agreement with a correctional agency that has access to this information.
 - C. The grantee conducts public record jail/prison searches online.
 - D. The grantee entered unofficial data (through word of mouth or from participants who reported the incident).
 - E. The grantee does not have access to official justice information.
 - F. Other (Please specify)
-

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46. How was the information obtained for those ex-offenders who were **reincarcerated based on a new sentence**? *Select the best option that describes how the information was obtained.*

- A. The grantee is a criminal justice agency such as the department of corrections, probation, or parole and has access to this information.
 - B. The grantee has a MOU, MOA, or linkage agreement with a correctional agency that has access to this information.
 - C. The grantee conducts public record jail/prison searches online.
 - D. The grantee entered unofficial data (through word of mouth or from participants who reported the incident).
 - E. The grantee does not have access to official justice information.
 - F. Other (Please specify)
-

SEMIANNUAL NARRATIVE QUESTIONS

Please 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? (Please answer Yes or No. If No, please explain)
 - A. Yes/No
 - B. If Yes, please explain _____
5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application? (Please answer Yes or No. If No, please explain.)
 - A. Yes/No
 - B. If No, please 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?

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