

**BUREAU OF JUSTICE ASSISTANCE  
SECOND CHANCE ACT COMMUNITY-BASED PROGRAM  
PERFORMANCE MEASURES**

**GENERAL AWARD ADMINISTRATION**

**1. 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 identified in the BJA-approved grant application. If you select Yes, the program is Operational and should remain so until the grant closes out.*

- A. Yes/No
- B. If No, please select from the following responses:

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

**2. During the reporting period, did you use grant funds to provide services to individual program participants?**

*This includes using funds to provide treatment and services directly to participants; it also includes providing participants with referrals to receive treatments and services from other programs and organizations.*

- A. We did use grant funds to provide services to individual program participants. Selecting this option will make the “Program Participants Served” section available for you to answer.
- B. We did not use grant funds to provide services to individual program participants. **Selecting this option will enable you to bypass the “Program Participants Served” section.**

Revised October 2020

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All grantees must enter their data in the JustGrants System upon award acceptance.

## PROGRAM DESCRIPTION

*[Carry Forward]*

### Program Description and Target Population

- 3. 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 correctional facility, other detention, halfway house, etc.)
  - B. Post-release
  - C. Both
  
- 4. Please indicate if your SCA-funded programs target individuals from any of the following criminal justice settings. Select all that apply.**
  - A. Treatment court program
  - B. Tribal healing-to-wellness court
  - C. Jail-based program focused on programming while inmates are in custody
  - D. Jail-based reentry program focused on preparing inmates to leave jail custody
  - E. Prison program focused on programming while inmates are in custody
  - F. Prison reentry program focused on preparing inmates to leave prison
  - G. Community supervision
  - H. Other (please explain)
  - I. N/A – The SCA-funded program does not target individuals from a specific criminal justice setting.
  
- 5. Are there specific participant characteristics or requirements (not reflected in the above questions) which determine who your program serves? Select all that apply.**
  - A. There are no additional specific participant characteristics or requirements.
  - B. Gender: Male
  - C. Gender: Female
  - D. Age: <18 (youth)
  - E. Age: 18–35 (young adults)
  - F. Age: >35 (adults)
  - G. Criminogenic risk level and/or needs
  - H. Other
  - I. If Other, describe: \_\_\_\_\_

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**6. What additional transitional services are SCA grant funds supporting in whole or in part?****Select all that apply.**

- A. Case planning and management
- B. Peer support or recovery coaching
- C. Mentoring
- D. Family counseling/reunification services
- E. Food and nutrition assistance
- F. Housing support services
- G. Employment assistance
- H. Faith-based support
- I. Vocational training
- J. Education (e.g., GED support)
- K. Childcare
- L. Transportation assistance
- M. Assistance with accessing health care coverage
- N. Tribal/cultural healing
- O. Civil legal assistance
- P. Primary health
- Q. Mental health
- R. Other (please explain)
- S. N/A – This program is not providing recovery support with SCA funds.

**7. Are criminogenic risk and/or needs assessments used to inform the services provided to participants?**

- A. Yes/No
- B. If Yes, briefly describe the name of the assessment and how your program incorporates such assessments.

## PROGRAM PARTICIPANTS SERVED

*[Quarterly]*

**8. How many individuals do you plan to provide services to over the life of the grant? \_\_\_\_**  
*[Carry Forward]*

Total participants program plans to provide services to <i>(over life of grant)</i>	
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**9. Since the beginning of your grant, how many participants has your program served (engaged with to provide services)? Please provide an updated cumulative count of total participants served as of the end of the reporting period.**

*This includes participants who 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 during the last reporting period.*

Total participants served since start of grant <i>(cumulative)</i>	
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**10. Does your program provide any of the following services?**

- A. Mentors
- B. Peer support specialists
- C. Recovery coaches
- D. N/A *(If N/A, skip next two questions)*

**11. As of the last day of the reporting period:**

- A. How many individuals are available to work with your program’s participants as mentors, peer support specialists, or recovery coaches?
- B. How many participants has your program connected with mentors, peer support specialists, or recovery coaches?

*As of the last day of the period:*

	A. Total individuals available to work with your program’s participants as:	B. Total participants provided with:
Mentors		
Peer Support Specialists		
Recovery Coaches		

*There may be wide variation among SCA efforts concerning what activities constitute meaningful engagement, as well as expectations on participants for meeting specific program requirements and criteria.*

*Information from the remaining questions in this section should be interpreted in light of grant program design and is not meant for comparison across diverse programs.*

**12. Out of the total number of participants your program has served since the start of your grant, how many are still engaged with your program and how many are no longer engaged with your program (as of the end of the reporting period)?**

*The number **still engaged** with the program should include all participants still engaged as of the end of the reporting period.*

*The number **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.*

*The numbers provided in 12A and B should add up to 11A.*

Out of total participants served (since start of grant):		
A.	Still engaged with the program	
B.	No longer engaged with the program	

**13. Out of the total participants still engaged with the program, how many have (so far) participated in your program for longer than 90 days (as of the end of the reporting period)?**

A.	Out of total participants still engaged, how many have participated less than 90 days?	
B.	Out of total participants no longer engaged, how many participated more than 90 days?	

**14. Out of the total number of participants no longer engaged with your program (as of the end of the reporting period), how many have completed program requirements (or met program criteria) related to improving chances for successful reentry?**

*Such requirements/criteria can include:*

- completion of program milestones (e.g., a course of training, treatment), and/or*
- meeting criteria indicative of improved chances of successful reentry (e.g., obtaining of employment and housing).*

*Such requirements/criteria should be determined by each program (but may differ across programs due to variations in program design).*

Out of total participants no longer engaged with the program (since start of grant):		
A.	Completed requirements or met criteria	
B.	Have not completed requirements or met criteria	

## Training

*[Quarterly]*

**15. Did the project provide or facilitate training to project staff (or individuals involved in the project) during the reporting period? *A program of instruction 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
- B. No (skip to Question 19)
- C. If Yes, how many trainings were completed during the reporting period? \_\_\_\_\_

**16. For each of the trainings completed during the reporting period, please indicate who provided the training, the target audience, number of people trained and the name of the training provider. *Count each person only once per training topic, regardless of how many times he/she attended the training. You may report five trainings per reporting period.***

Training Name	Target Audience	Number of People Trained	Training Provider	What funds were used to provide the training?
[Open text]	[Open text]		[Open text]	<ul style="list-style-type: none"> <li>• Grant funds</li> <li>• National Training and Technical Assistance Center (NTTAC)</li> <li>• Other Office of Justice Programs funds</li> <li>• Other</li> <li>• Unknown</li> </ul>

**17. Will your grant program be able to directly apply the knowledge obtained through the training(s)?**

- A. Yes
- B. No, the training(s) may be useful to advocate for new approaches but will not be applied directly at this time.
- C. No, the training(s) did not provide information that can be directly applied to the grant program.

**18. Please describe the impact that the training(s) will have on specific outcomes/objectives related to the goals of your program.**

\_\_\_\_\_

## RECIDIVISM

*[Yearly and for Final Report at Closeout]*

This set of questions aims to facilitate evaluation of recidivism-related outcomes of your program. For this purpose, you must establish a baseline (or comparison) recidivism rate to compare against the recidivism rate among your program participant cohort.

While data gathered during only the grant award period may not enable a comprehensive evaluation of recidivism outcomes, the below questions provide an understanding of your organization's efforts to track data which would enable such an evaluation.

**Note: Non-governmental agencies (i.e., community treatment organizations, private non-profits) are not expected to track recidivism data using administrative records and can answer "No" to Question 29 to skip this section.**

### 19. 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 Grants Management System. If you select Yes, you will be directed to answer the questions in the final report section. These are one-time-only questions that you will answer prior to report closeout.*

- A. Yes/No (If Yes, complete the Recidivism and Goals and Objectives questions and create a final report.)

### 20. Have you established a formal definition of recidivism for the purposes described above? *[Carry forward]*

- A. Yes/No (If No, skip to next question)  
 B. If Yes, please describe how you are defining recidivism. \_\_\_\_\_

### 21. At what level(s) are you calculating your recidivism rate? *Select all that apply. [Carry forward]*

- A. \_\_\_\_ Reincarceration  
 B. \_\_\_\_ Re-arrest  
 C. \_\_\_\_ Reconviction  
 D. \_\_\_\_ Other  
 E. If Other, please explain: \_\_\_\_\_

### 22. Please provide your baseline recidivism rate. \_\_\_\_

### 23. Have you set up a system or process to collect data necessary for tracking recidivism of your program participants on a regular basis? *[Carry forward]*

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

**24. Since the beginning of your grant program, how many program participants have experienced recidivism (according to your definition)?**

*Include all participants since the beginning of your grant, even if they were no longer engaged in your program at the time of recidivism.*

- A. Number of program participants that have experience recidivism since the start of the grant  
\_\_\_\_\_

**25. Please provide the current recidivism rate among your program participant cohort.**

*Include all participants since the beginning of your grant. If the recidivism rate is not applicable/available, enter "N/A". \_\_\_\_\_*

## GOALS AND OBJECTIVES

*[Semiannually and for Final Report at Closeout]*

### MODULE 1: Goal Set-Up

In this module, you will identify the goals you hope to achieve with your funding (up to five). Once submitted, these goals cannot be changed without approval from 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, please list each one separately.*

### Report During First Reporting Period/Setup

Goal #1 [Open text box]

### Add another goal (up to five)

### Post-Award Progress Tracking

*These questions are completed in January and July by all grantees. The same series of questions will be asked for each goal you identified in the Pre-Award phase when you applied for your grant.*

*Answers should be based on the previous and/or next 6 months.*

**[Goal N displayed here]**

### What is the current status of this goal?

- A. \_\_\_ Not yet started
- B. \_\_\_ In progress
- C. \_\_\_ Delayed
- D. \_\_\_ Completed
- E. \_\_\_ Goal no longer applicable (please explain and respond to next goal)  
[Open text box]

### During the last 6 months, please describe any barriers you encountered related to this goal.

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[Open text box]

**During the last 6 months, please describe any progress you made toward this goal.**

[Open text box]

**In the next 6 months, what major activities are planned for this goal?**

[Open text box]

***Repeat all questions for each goal.***

### **Closeout Progress Tracking**

*For all goals not already marked "Complete" please provide a final status and narrative update.*

**[Goal N displayed here]**

**At award closeout what is the status of this goal?**

- A.  Not yet started
- B.  In progress
- C.  Delayed
- D.  Completed
- E.  Goal no longer applicable (please explain and respond to next goal)

[Open text box]

**Please summarize any progress you made toward this goal over the life of this award.** [Open text box]

**Please summarize any barriers you encountered related to this goal over the life of this award.**

[Open text box]