

BUREAU OF JUSTICE ASSISTANCE
SECOND CHANCE ACT SUBSTANCE USE DISORDER GRANT PROGRAM
PERFORMANCE MEASURES

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 Grants Management System (GMS). 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.

1. Yes/No (If Yes, answer the **"Final Report"** and **"Goals and Objectives"** questions and create a final report.)

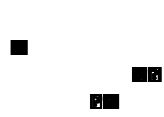
2. Was there **grant activity** during the reporting period?

There is grant activity when the grantee has obligated, expended, or drawn down grant funds to implement objectives proposed in the BJA-approved grant application. If you select "Yes," the program becomes 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 BJA approval	<input type="radio"/>
Waiting for partners or collaborators to complete the application	<input type="radio"/>
Other	<input type="radio"/>
If other, please explain	



3. Are you using your grant funds to provide treatment and 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 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. *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

[CARRY-FORWARD]

Program Description and Target Population

4. Please indicate if you used Second Chance Act (SCA) funds for program activities in any of the following settings. This question aims to gather information about where in the criminal justice continuum your program operates. Please select only those programs that you are directly supporting with SCA funds. *Select all that apply.*
- A. Court-based diversion program
 - B. Treatment court program
 - C. Tribal healing-to-wellness court
 - D. Jail-based program focused on programming while inmates are in custody)
 - E. Jail-based reentry program focused on preparing inmates to leave jail custody
 - F. Prison program focused on programming while inmates are in custody
 - G. Prison reentry program focused on preparing inmates to leave prison
 - H. Probation program
 - I. Other
 - J. Use this space to (i) provide a description if you chose "Other" or (ii) to provide additional information: _____
5. Is the program specifically designed to target substance users who are either **parents of minor children or pregnant women**?
- A. Yes/No *(If No, skip next question)*

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6. If you answered yes to the previous question, please select all of the following that apply to your program:
 - A. The program is designed to directly engage minor children (in addition to the substance user parent).
 - 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.

7. 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. Other
 - H. If Other, describe: _____

8. What **substance use treatment services** are at least partially being funded with SCA-funds? *Select all that apply.*
 - A. Outpatient substance abuse treatment
 - B. Intensive outpatient substance abuse treatment
 - C. Residential substance abuse treatment
 - D. Partial Hospitalization Program (PHP)
 - E. Inpatient withdrawal management (detoxification)
 - F. Medication-Assisted Treatment (MAT) *(if selected, next question is required)*
 - G. Mental health assessment and/or treatment
 - H. Family therapy
 - I. Trauma treatment
 - J. Other
 - K. Use this space to (i) provide a description if you chose "Other" or (ii) to provide additional information: _____

9. **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 **medication-assisted treatment [MAT]**)
 - E. Other
 - F. If Other, please describe: _____

10. Does your SCA-funded program provide treatments targeted to **users with specific types of drug (or alcohol) addiction**? *Select all that apply.*

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(Do treatments provided to participants in your program include Food and Drug Administration (FDA)-approved medications or evidence-based behavioral therapy treatments which have proven effective in addressing specific types of drug or alcohol addiction)?

- 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, please explain: _____

11. Does your drug treatment program use **cognitive-behavioral interventions**?

- A. Yes/No
- B. If Yes, please provide a brief description. _____

12. What **recovery support services** are SCA grant funds supporting in whole or in part? *Select all that apply.*

- A. N/A – this program is not providing recovery support with SCA funds
- B. Case management
- C. Peer support or recovery coaching
- 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
- S. If other, please explain: _____

Use of Screening and Assessment

13. Please answer the following related to your SCA-funded program's use of **screening and assessment tools** (e.g., tools dealing with criminogenic risk, substance use, mental health, etc.):

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- A. Tool results are used in determining who is admitted as a participant into the SCA-funded program (Y/N)
- B. Tool results are used to inform individualized case planning done by the SCA-funded program (Y/N)
- C. What is (are) the name(s) of the tool(s) used? _____

Drug or Alcohol Testing

Testing referred to in this section includes urinalysis, breathalyzer, or other proven reliable forms of drug and alcohol testing.

- 14. **Do participants receive drug or alcohol testing** (administered either by your program or another entity you are in coordination with) which help monitor substance use and treatment progress? (Y/N) *(If Yes, answer next question. If No, skip to next section.)*
- 15. Is testing **random** (as opposed to scheduled in advance with program participant knowledge)? (Y/N)

PROGRAM PARTICIPANTS SERVED [QUARTERLY]

- 16. **How many individuals do you plan to provide treatments and services to** over the life of the grant? ____ *CARRY FORWARD*
- 17. Since the beginning of your grant, how many participants has your program served (engaged with to provide treatments and 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.

A.	Total participants served since start of grant (<i>cumulative</i>)	
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- 18. On average, what is the **estimated length of time it takes for an individual to begin receiving treatment services** after your program has identified or diagnosed them as having a substance use disorder? _____

Questions 19-21 focus on participant program engagement. Several studies indicate maintained engagement improves participant outcomes with substance use treatments. However, there may be wide variation among SCA efforts concerning what time lengths and activities constitute meaningful engagement towards program goals. Information from these questions should be interpreted in light of grantee program design and is not meant for comparisons across diverse programs.

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

*The number for **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 19A and B should add up to 17A.

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

20. Out of the total number of participants **still engaged** with the program, how many have (so far) participated in your program for the following lengths of time (as of the end of the reporting period)?

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

The numbers provided in 20A, B, and C should add up to 19A.

Out of total participants still engaged, how many have participated:		
A.	Less than 30 days	
B.	Between 30 and 90 days	
C.	More than 90 days	

21. Out of the total number of participants since the start of your grant who are **no longer engaged** with the program (as of the end of the reporting period), how many had participated in your program for the following lengths of time?

*The numbers **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 21A, B, and C should add up to 19B.

Out of total (<i>cumulative</i>) participants no longer engaged, how many had participated:		
A.	Less than 30 days	
B.	Between 30 and 90 days	
C.	More than 90 days	

22. If your program provides services to **family members** of program participants in a substance use treatment program:

Since the beginning of the grant, how many program participants have family members who received such services funded by SCA? Also, how many individuals who are family members of program participants have received services funded by SCA?

The definition of family member covers a wide range of relationships, including spouse, parents, parents-in-law, children, brothers, sisters, grandparents, grandchildren, stepparents, stepchildren, 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.

		Yes/No
A.	Does your program provide services to family members of participants in your treatment program? <i>If no, skip to the next question.</i>	

Below numbers should include those served by your SCA-funded program since the beginning of the grant, whether they were still engaged with your program or not during the last reporting period. 22B should not be greater than 17A. 22C should not be greater than 22B.

Since the start of the grant:		
B.	Program participants with family members who have received services (<i>cumulative</i>)	
C.	Family members who have received services (<i>cumulative</i>)	

23. If your program provides **MAT** to program participants: For how many participants (since the beginning of the grant) has MAT been deemed an appropriate treatment? During the reporting period, how many individual participants received at least one MAT treatment?

		Yes/No
A.	Does your program provide MAT to participants receiving treatment? <i>If no, skip to next question.</i>	

The below number should include both participants who were still engaged with your program and those who were no longer engaged during the last reporting period. 23B should not be greater than 17A.

Since the start of the grant:		
B.	Program participants for whom MAT was deemed appropriate (cumulative)	

The below number should only include individual program participants who received at least one MAT treatment during the reporting period. (Individuals should be included even if they received MAT treatment 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.

During the reporting period:		
C.	Program participants who received at least one MAT treatment	

24. If your program provides **random drug or alcohol testing** to program participants: During the period, how many program participants were randomly tested for drug or alcohol usage at least once? Also, how many of these tested positive (at least once)?

		Yes/No
A.	Does your program provide random drug or alcohol testing to participants receiving treatment (administered either by your program or another organization)? <i>If no, skip to next question.</i>	

The below number should only include individual program participants who received at least one random drug or alcohol test during the reporting period. (Individuals should be included even if they received a random drug or alcohol test in previous reporting periods.) This number provides an indication of your program's level of activity within a period related to providing individuals with random drug or alcohol testing.

During the reporting period:		
B.	Program participants who received at least one random drug or alcohol test	
C.	Program participants who tested positive at least once from a random drug or alcohol test	

TRAINING [QUARTERLY]

25. 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 next section*)
 - C. If Yes, how many trainings were completed during the reporting period? ____

26. 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 People Trained	Training Provider	What funds were used to provide the training?
[Open text]	[Open text]		[Open text]	*Grant funds *National Training and Technical Assistance Center *Other Office of Justice Programs Funds *Other *Unknown

27. 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.
28. 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.

29. 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. _____
30. At what level(s) are you calculating your recidivism rate? *Select all that apply. [Carry forward]*
- a. ___ Reincarceration
 - b. ___ Rearrest
 - c. ___ Reconviction
 - d. ___ Other
 - e. If other, please explain: _____
31. Please provide your baseline recidivism rate. _____
32. 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)*

33. 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 ____
34. 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

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]

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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.
[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]

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