

**BUREAU OF JUSTICE ASSISTANCE**  
**PERFORMANCE MEASURE QUESTIONNAIRE FOR BJA FUNDED TREATMENT COURTS**  
**PERFORMANCE MEASURES**

The following is the Performance Measures Questionnaire for Bureau of Justice Assistance (BJA) grant funded treatment court programs. Treatment courts are specialized problem-solving courts or court dockets, including drug courts, Driving While Intoxicated/Driving under the Influence (DWI/DUI) Courts, Community Courts, Veteran’s Treatment Courts, and Healing-to-Wellness Courts, among others.

The following questionnaire lists the data elements grantees will report to assess the performance of these treatment courts.

**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 Closeout section. This is a one-time-only section that you will respond to before report closeout.**
  - A. Yes/No
  - B. If Yes, answer the **Closeout** questions, and create a final report

**GRANT ACTIVITY**

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.	<i>Select all that apply</i>
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 BJA budget approval	<input type="radio"/>
Waiting for partners or collaborators to complete agreements (e.g., contracts, Statement of Work, partnering agreements, etc.)	<input type="radio"/>
Other	<input type="radio"/>
If Other, please explain:	

**3. Please describe how grant funds are being used. Please update the program status each reporting period:**

- A.** Grant funds are being used for planning (we have not yet enrolled participants in the program)  
*If you selected 'planning phase' please move to the Goals and Objectives section.*
- B.** Grant funds are being used to implement a new treatment court  
*Please move through the remainder of the questionnaire.*  
*Implementation grants are available to eligible jurisdictions that have completed a substantial amount of planning and are ready to implement and/or launch an evidence-based treatment court that supports core capacity and provides critical treatment, case management and coordination, judicial supervision, sanctions and incentive services, and other key resources such as transitional housing, relapse prevention, and employment that can reduce recidivism.*
- C.** Grant funds are being used to enhance an existing treatment court  
*Please move through the remainder of the questionnaire.*  
*Enhancement grants are available to eligible jurisdictions with an operational treatment court. Funding may assist a jurisdiction to scale up the drug court program's capacity; provide access to or enhance treatment capacity or other critical support services; enhance court operations; expand or enhance court services; or improve the quality and/or intensity of services based on needs assessments.*
- D.** Grant funds were awarded to a state agency and we will provide subgrants to local courts  
*If you are a state agency that is providing subgrants to local treatment courts, then subgrants should report data on the full questionnaire.*
- E.** Grant funds are being used for training and/or technical assistance (TTA)  
*If selected, please move to the 'Training and Technical Assistance' section.*
- F.** Grant funds are being used to conduct research, analysis, or evaluation  
*If you are conducting research, analysis, and/or evaluation and are not using grant funds to provide treatment services to participants, then move to the Goals and Objectives section.*

**4. Which one of the following best describes the population where your treatment court program is located? Please select only one area type. [Carry Forward]**

- A.** Urban (a large city with 50,000 or more people)
- B.** Suburban (territory outside of a large city with a population of 2,500 to 50,000 people)
- C.** Rural (territory that encompasses all people and housing not included within a suburban, urban, or tribal area)

**5. Are any of your funds going to a tribal territory or community, and/or does the project serve a tribal community? A tribal territory is one that contains a concentration of people who identify with a federally recognized tribe. [Carry Forward]**

- A.** Yes/No
- B.** If Yes, please identify the tribal territory: \_\_\_\_\_

**6. What is the expected number of participants the treatment court program plans to serve with BJA grant funds over the life of this award? The value should correspond to what was reported in the grant application. [Carry Forward]**

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- A. Enter the expected number of participants \_\_\_\_\_

## PROGRAM CHARACTERISTICS

### 7. What type of treatment court is this grant supporting? *Select all that apply. [Carry Forward]*

- A. Adult Drug Court
- B. Co-Occurring Court
- C. Veterans Treatment Court
- D. Tribal Healing to Wellness Court
- E. DWI/DUI Court
- F. Community Court
- G. Other
- H. If other, (please describe)

### 8. Does your treatment court program have a formal policy for graduated sanctions and incentives that is documented in writing and implemented fairly and with certainty in response to participant behavior? *[Carry Forward]*

- A. Yes/No
- B. If yes, please describe common sanctions and incentives \_\_\_\_\_

## Use of Screening and Assessment

### 9. Please answer the following questions related to the treatment court program's use of screening and/or assessment tools (e.g., tools dealing with criminogenic risk, substance use, mental health, etc.): *[Carry Forward]*

- A. Screenings are used to identify potential participants appropriateness to enroll in the treatment court program.
  - a. Yes
  - b. No
  - c. If yes, please describe: \_\_\_\_\_
- B. Assessment is used to identify criminogenic risks, substance use disorder, or mental health conditions.
  - a. Yes
  - b. No
  - c. If yes, please describe: \_\_\_\_\_
- C. Tool results are used to inform individualized case planning done by the funded program
  - a. Yes
  - b. No
  - c. If yes, please describe: \_\_\_\_\_
- D. 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.*

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10. Do participants receive drug or alcohol testing (administered either by your program or another entity you are in coordination with) to help monitor substance use and treatment progress? *[Carry Forward]*

A. Yes/No

## GRANT FUNDED SERVICES

11. Are BJA grant funds used to provide substance abuse treatment services to treatment court participants during the reporting period? *For example, these services might include clinical assessment, residential, outpatient group, outpatient individual, intensive outpatient, outpatient detoxification, addiction receiving facility, substance abuse detoxification (residential), in-home counseling, and aftercare. [Carry Forward]*

A. Yes/No

12. Are BJA grant funds used to provide inpatient substance abuse treatment services during the reporting period? *[Carry Forward]*

A. Yes/No

13. If your treatment program includes medication assisted treatment (MAT), which of the following medications are available to program participants if prescribed by a qualified physician? *Check all that apply. [Carry Forward]*

- A.  We do not provide MAT (Skip to question 14 )
- B.  We do not have access to MAT (Skip to question 14)
- C.  Naltrexone (Vivitrol®, depot naltrexone)
- D.  Buprenorphine or Buprenorphine/Naloxone (Bup/NX) (Suboxone®,)
- E.  Methadone

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- 14. What types of recovery support services are BJA grant funds supporting? Select all that apply. For example, these services might include employment, housing, education, mental health, health services such as medical and dental services, pro-social services such as anger and stress management, faith-based services, family counseling, life skills training, mentoring, and other services. [Carry Forward]**
- A. BJA funds are not used for recovery support services
  - B. Case management
  - C. Peer support or recovery coaching
  - D. Mentoring (especially in Veterans Treatment Courts)
  - E. Family counseling/reunification services
  - F. Food and nutrition assistance
  - G. Housing support services
  - H. Employment assistance
  - 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. Restorative justice
  - P. Civil legal assistance
  - Q. Primary health
  - R. Mental health
  - S. Other, please describe \_\_\_\_\_
- 15. What other program components are BJA grant funds supporting? Select all that apply. [Carry Forward]**
- A. Offender supervision/case management
  - B. Sanctions and/or incentives
  - C. Community service
  - D. Equipment or testing supplies (e.g., urinalysis testing)
  - E. Training
  - F. Management information system (MIS)
  - G. Aftercare support
  - H. Risk/needs assessment/screening procedure
  - I. Data collection/analysis/research/evaluation
  - J. Transportation
  - K. Other, please describe \_\_\_\_\_

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## PARTICIPANT-LEVEL MEASURES

### Screening and Program Intake

16. During the reporting period, were any treatment court candidates screened for enrollment into the program?

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

17. Please enter the number of treatment court candidates who were screened during the reporting period. Treatment court candidates are those identified at the time of arrest or referred by criminal justice professionals (i.e., prosecutor, defense attorney, probation officer, judge, etc.) but who may not necessarily be deemed eligible for participation. A screening determines eligibility and appropriateness for participation in a treatment court.

\_\_\_\_\_

18. Of those reported in 17, how many were identified as Veterans? \_\_\_\_\_

19. Of those who were screened and did not enroll in the treatment court program during the reporting period, please enter the number of such individuals based on the following categories of why they did not start in the program. *If an individual falls into multiple categories, please select the category that best applies.*

Category	# People
Candidate waiting for program slot (will enroll in a subsequent quarter)	
Candidate refused entry	
Prosecutor objection	
Defense objection	
Judicial objection	
Out of jurisdiction	
Arrest, conviction, or incarceration on another charge	
No diagnosed drug problem	
Exclusionary prior non-violent offense	
Exclusionary violent offense	
Diagnosis that cannot be handled by the treatment court	
Insufficient risk/need level (e.g., low risk/low need)	
Ineligible for Veteran's Affairs services (for Veteran Treatment Courts)	
Accident involving injury	
Candidate did not complete screening	
Other (please explain)	

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**20. Of those who were screened and did not enroll in the treatment court program, please enter the number of such individuals based on the following information.**

Enter the Veteran status, race, ethnicity, and gender of each individual determined to be ineligible for treatment court participation during the reporting period. *The number entered should be an unduplicated count, and the sum of each demographic group should equal the number of individuals who did not enter the treatment court program. If not, please check for data entry errors. Hispanics or Latinos should be counted in the race category that best describes their racial identity, including White, Black or African American, Asian, American Indian or Alaska Native, Pacific Islander or Native Hawaiian, or Multiracial. Please see [census.gov](https://www.census.gov) if you have any questions regarding classifying race.*

Enter the number of Veteran's who were screened and did not enroll in the treatment court program:

	Measure	Males	Females	Not Tracked
A	Number of Veteran's:			

Enter the ethnicity and gender of those who were screened and did not enroll in the treatment court program.

Ethnicity and Gender				
	Measures	Males	Females	Gender Unknown
A	Hispanic or Latino/a			
B	Non-Hispanic or Latino/a			
C	Unknown			

Enter the race and gender of those who were screened and did not enroll in the treatment court program.

Race and Gender				
	Measures	Males	Females	Gender Unknown
A	White			
B	Black or African American			
C	Asian			
D	American Indian or Alaska Native			
E	Pacific Islander or Native Hawaiian			
F	Multiracial			
G	Unknown			
H	Other			

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## TREATMENT COURT PARTICIPANTS

21. Has the treatment court program admitted new participants during the reporting period?

- A. Yes
- B. If yes, how many new participants entered the program? \_\_\_\_\_
- C. No (Please explain)

22. Of those reported in 20B, what is the drug of choice for new participants?

Drug Type	Total Participants
Alcohol	
Cocaine/crack	
Marijuana	
Heroin	
Opiates (including synthetic opioids)	
Amphetamines/Methamphetamines	
Hallucinogens (PCP, LSD, MDMA, etc.)	
Other	
More than one drug of choice (poly-substance use)*	
Unknown/not tracked	

23. Please describe any trends as they relate to drug usage or drug preferences you are seeing in your treatment court: *[Carry Forward]*

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24. Please enter the Veteran status, race, ethnicity, and gender of each participant newly admitted to the treatment court program during the reporting period.

*The number entered should be an unduplicated count, and the sum of each demographic group should be equal to the sum of the newly admitted participants in the program during the reporting period. If not, please check for data entry errors. Hispanics or Latinos should be counted in the race category that best describes their racial identity, including White, Black or African American, Asian, American Indian or Alaska Native, Pacific Islander or Native Hawaiian, or Multiracial. Please see census.gov for questions regarding classifying race and ethnicity.*

Enter the number of Veteran's who were newly admitted in the treatment court program:

	Measure	Males	Females	Not Tracked
A	Number of Veteran's:			

Enter the ethnicity and gender of newly admitted participants in the treatment court program.

Ethnicity and Gender				
	Measures	Males	Females	Gender Unknown
A	Hispanic or Latino/a			
B	Non-Hispanic or Latino/a			
C	Unknown			

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Please enter the race and gender of newly admitted participants in the treatment court program.

Race and Gender				
Measures		Males	Females	Gender Unknown
A	White			
B	Black or African American			
C	Asian			
D	American Indian or Alaska Native			
E	Pacific Islander or Native Hawaiian			
F	Multiracial			
G	Unknown			
H	Other			

25. Please enter the total number of participants enrolled in the treatment court program as of the last day of the reporting period. *Enrolled participants include new admissions (i.e., newly admitted) and those previously admitted in a reporting period and who continue to participate.*
- \_\_\_\_\_

## PROGRAM COMPLETION (GRADUATION)

26. During the reporting period, did the treatment court have participants graduate the program?

A. Yes/No (If no, skip to question 29)

27. Please enter the number of treatment court participants who successfully completed all program requirements (i.e., graduated), excluding financial obligations, during the reporting period. *The number entered should represent only those participants who successfully completed all the requirements of the treatment court program during the reporting period. Those being held because of financial obligations (e.g., owing money to the court for their drug testing) should still be counted. The sum of all of these categories should be equal to the total number of successful completions in question 30. If not, please check for data entry errors.*

Time frame	# Participants
0–6 months	
7–12 months	
13–18 months	
19–24 months	
25 months or more	
<b>Total</b>	<b>[Auto-calculate]</b>

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28. Please enter the race, ethnicity, and gender of each participant who successfully completed all program requirements (e.g., graduated), excluding financial obligations, during the reporting period. *The number entered should be an unduplicated count, and the sum of each demographic group should be equal to the sum of the participants who successfully completed the program during the reporting period. If not, please check for data entry errors. Hispanics or Latinos should be counted in the race category that best describes their racial identity, including White, Black or African American, Asian, American Indian or Alaska Native, Pacific Islander or Native Hawaiian, or Multiracial. Please see census.gov if you have any questions classifying race.*

Enter the number of Veteran's who successfully completed the treatment court program:

	Measure	Males	Females	Not Tracked
A	Number of Veteran's:			

Enter the ethnicity and gender of drug court participants who successfully completed the treatment court program.

Ethnicity and Gender				
	Measures	Males	Females	Gender Unknown
A	Hispanic or Latino/a			
B	Non-Hispanic or Latino/a			
C	Unknown			

Enter the race and gender of participants who successfully completed the treatment court program.

Race and Gender				
	Measures	Males	Females	Gender Unknown
A	White			
B	Black or African American			
C	Asian			
D	American Indian or Alaska Native			
E	Pacific Islander or Native Hawaiian			
F	Multiracial			
G	Unknown			
H	Other			

29. During the reporting period, did the treatment court have participants discontinue participation in the program without completing all the programmatic requirements (i.e., dropout, judicially, or administratively removed)?

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

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30. During the reporting period, how many participants discontinued participation based on the following circumstances. Participants should not fit in more than one category. Choose the option that best represents why these individuals did not complete the program.

Circumstances for no longer participating in treatment court	# Participants
Court or criminal involvement (technical violation, arrest, conviction, revocation, reincarceration)	
Failure to meet programmatic requirements	
Voluntary withdrawal	
Participant "timed-out" (e.g., probation period ended, etc.)	
Lack of engagement (no-shows and nonresponsive participants)	
Absconding	
Case transfer or relocation	
Death or serious illness	
Other (please describe)	
<b>Total</b>	<b>[Auto-calculate]</b>

31. Of those treatment court participants who exited the program unsuccessfully during the reporting period, please indicate the number of these participants who left within the following time frames (from start of the program to termination). *The sum of all of these categories should be equal to the total number of incompletes in question 32. If not, please check for data entry errors. Please round up to the nearest month category.*

Time frame	# Participants
0–6 months	
7–12 months	
13–18 months	
19–24 months	
25 months or more	
<b>Total</b>	<b>[Auto-calculate]</b>

32. Did you receive assistance during the last 3 months, or do you desire any assistance in the future, from BJA or a BJA-funded TA provider? *Select all that apply.*

- A. Yes, we received assistance (please explain)
- B. Yes, we would like assistance (please explain)
- C. No, we did not receive assistance and would not like assistance \_\_\_\_\_

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## TRAINING AND TECHNICAL ASSISTANCE

33. 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 37)
- C. If Yes, how many trainings were completed during the reporting period? \_\_\_\_\_

34. 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 (NTTAC) *Other Office of Justice Programs (OJP) Funds *Other *Unknown

35. 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

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

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## Technical Assistance

**37. Did the grant funded project receive any technical TA during the reporting period? TA is targeted assistance to a site, agency, or jurisdiction for the purpose of assessing gaps, barriers and needs, developing strategic plans, or creating innovative approaches to emerging or complex issues.**

- A. Yes
- B. No (skip to question 41)
- C. If Yes, how many separate TA providers did you work with during the reporting period? *Please clarify with the TA provider if they are OJP-funded*

\_\_\_\_\_

**38. For each TA provider you interacted with during the reporting period, please enter the following information. The number of entries should equal the number you entered in question 3C (up to five per quarter).**

Organizational Name of Technical Assistance Provider	Technical Assistance Topic	Nature of Contact (select all that apply)	Number of Engagements	Satisfaction	Feedback on Your Encounters with This Technical Assistance Provider	What Funds Were Used to Provide the Technical Assistance?
[Open text]	[Drop down list from NTTAC]	Conference Direct assistance National program or policy advancement Operational support Training Other (if Other, please explain)	[Positive whole number]	Very satisfied Satisfied Neither Satisfied nor Dissatisfied Dissatisfied Very Dissatisfied	[Open Text]	*Grant funds *NTTAC *Other OJP Funds *Other *Unknown

**39. Will your grant program be able to directly apply the knowledge obtained through the TA?**

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

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**40. Please describe the impact that the training and technical assistance may have on specific outcomes/objectives related to the goals of your program.**

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## **Training Development**

**41. Did the program develop any training courses or curricula during the reporting period? The development of materials, teaching or learning situations that increases knowledge and retention for a specific program. (Examples include providing training in a classroom/onsite or virtual setting; hosting and/or conducting a webinar; conducting a workshop at a conference or summit; and/or developing a training curriculum).**

- A. Yes. Materials/curricula should be submitted to program manager via GMS with your progress report.
- B. No (skip to next section)

**For each training course/curriculum your organization developed that was paid for in full or in part with grant funds, please answer the following questions. Repeat these questions as necessary to cover all trainings or curricula developed up to five per reporting period.**

**42. What type of training course/curriculum was developed?**

- A. Certification training (training required to obtain a certification)
- B. In-service/annual training (training required to keep certification active or maintain proficiency)
- C. Skill building (training that increases the skill or knowledge of employees in a particular area)
- D. Leadership/management (training for managers or administrators)
- E. Conference
- F. Other (please describe)

**43. Please describe the developed training course/curriculum. Please include the targeted audience, primary sources used in the development of your curriculum, and a brief overview.**

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## 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.

- **S**pecific
- **M**easurable
- **A**chievable
- **R**elevant
- **T**ime-bound

*If you have multiple goals, please list each one separately.*

### Report During First Reporting Period/Setup

Goal #1 [Open text box]

Goal #2 [Open text box]

Goal #3 [Open text box]

Goal #4 [Open text box]

Goal #5 [Open text box]

### 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.**

[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]

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**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]

## RECIDIVISM (REQUIRED ANNUALLY IN JANUARY OF EACH YEAR)

***This set of questions aims to evaluate the 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.***

1. **Have you established a formal definition of recidivism for the purposes described above? *[Carry Forward]***
  - A. Yes/No (If no, skip to question 4 in this section.)
  - B. If yes, please describe how you are defining recidivism. \_\_\_\_\_
2. **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: \_\_\_\_\_
3. **Please provide your baseline recidivism rate. \_\_\_\_\_**
4. **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]***  
Yes/No (If no, skip to end.)

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5. **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 experienced recidivism since the start of the grant \_\_\_\_\_
6. **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".** \_\_\_\_\_