

BUREAU OF JUSTICE ASSISTANCE
COORDINATED TRIBAL ASSISTANCE SOLICITATION PURPOSE AREA 3
TRIBAL JUSTICE SYSTEMS
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.*

A. Yes/No

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.*

A. Yes/No

B. If No, select from the following responses:

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 activities using tribal or outside 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.		

CTAS PA 3

This section's purpose is to collect information about your award. These questions are only required during the first reporting period reported in JustGrants.

3. Is this the first time you have completed performance measures under this award in **JustGrants**?

A. Yes/No *(if No, skip to Expenditures questions)*

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4. Select the activity areas this award is supporting: *select all that apply.*

- A. Tribal courts
- B. Peacemaking courts
- C. Healing to wellness courts
- D. Veterans' treatment courts
- E. Sentencing circles
- F. Community courts
- G. Other traditional or alternative justice courts
- H. Risk/needs assessments
- I. Diversion and alternatives to incarceration
- J. Prevention
- K. Treatment and recovery
- L. Corrections (institutional and community)
- M. Reentry
- N. Law enforcement
- O. Equipment or supplies
- P. Strategic planning
- Q. Training
- R. Violent crime investigation and prosecution

5. Based on your selections above, please provide a description of your program.

6. What type of treatment or specialty court do you plan to implement or enhance with this award?
Select all that apply.

- A. Healing to wellness court
- B. Adult treatment court (can include DUI court)
- C. Sentencing circle
- D. Community court
- E. Veterans' treatment court
- F. Other, please explain: _____

EXPENDITURES

Personnel

7. During the reporting period, did you expend award funds on personnel salary, pay, or overtime?

- A. Yes
- B. No award funds were expended on salary/pay or personnel overtime (*skip to Question 10*)

8. During the reporting period, in which areas did you expend award funds on personnel salary, pay, or overtime? *Select all that apply.*

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- A. Personnel salary/pay, includes fringe benefits (full-time equivalent)
- B. Personnel salary/pay, includes fringe benefits (part-time)
- C. Overtime hours

9. Describe the type of personnel and their role in supporting the award.

Purchasing Equipment

10. During the reporting period, did you make any **computer equipment/software** (e.g., computers/tablet/portable devices; webcams; software; servers/storage; data/wireless access equipment; records management/database software) purchases with award funds?

- A. Yes
- B. No computer equipment/software purchases were made with awards funds (*skip to Question 14*)

11. Please describe the **computer equipment/software** (e.g., computers/tablet/portable devices; webcams; software; servers/storage; data/wireless access equipment; records management/database software) item(s) purchased during the reporting period.

12. Please indicate the total quantity **computer equipment/software** (e.g., computers/tablet/portable devices; webcams; software; servers/storage; data/wireless access equipment; records management/database software) purchased during the reporting period. [numeric]

13. Please indicate the total award funds spent on **computer equipment/software** (e.g., computers/tablet/portable devices; webcams; software; servers/storage; data/wireless access equipment; records management/database software) purchases during the reporting period. [numeric]

14. During the reporting period, did you make any **general office supplies and equipment** (e.g., program and misc. office supplies; police office or court office supplies; officer wellness supplies; event supplies) purchases with award funds?

- A. Yes
- B. No general office supplies and equipment purchases were made with awards funds (*skip to Question 18*)

15. Please describe the **general office supplies and equipment** (e.g., program and misc. office supplies; police office or court office supplies; officer wellness supplies; event supplies) item(s) purchased during the reporting period.

16. Please indicate the total quantity **general office supplies and equipment** (e.g., program and misc. office supplies; police office or court office supplies; officer wellness supplies; event supplies) purchased during the reporting period. [numeric]

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17. Please indicate the total award funds spent on **general office supplies and equipment** (e.g., program and misc. office supplies; police office or court office supplies; officer wellness supplies; event supplies) purchases during the reporting period. [numeric]
-

18. During the reporting period, did you make any **medical** (e.g., emergency medical supplies; first aid kits; pharmaceuticals for treating overdose or addiction) purchases with award funds?

A. Yes

B. No medical purchases were made with awards funds (*skip to Question 22*)

19. Please describe the **medical** (e.g., emergency medical supplies; first aid kits; pharmaceuticals for treating overdose or addiction) item(s) purchased during the reporting period.
-

20. Please indicate the total quantity **medical** (e.g., emergency medical supplies; first aid kits; pharmaceuticals for treating overdose or addiction) purchased during the reporting period. [numeric]
-

21. Please indicate the total award funds spent on **medical** (e.g., emergency medical supplies; first aid kits; pharmaceuticals for treating overdose or addiction) purchases during the reporting period. [numeric]
-

22. During the reporting period, did you make any **other item(s)** purchases with award funds?

A. Yes

B. No other item(s) purchases were made with awards funds (*skip to Question 26*)

23. Please describe **other item(s)** purchased during the reporting period.
-

24. Please indicate the total **other item(s)** purchased during the reporting period. [numeric]
-

25. Please indicate the total award funds spent on **other item(s)** purchased during the reporting period. [numeric]
-

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STRATEGIC PLANNING

26. As of the last day of the reporting period, please indicate which of the following activities have been completed. *Select all that apply.*

- A. Identified and/or established a Strategic Planning Workgroup
- B. Conducted a program or community needs assessment
- C. Developed a vision/mission statement
- D. Developed an action plan
- E. Drafted or gained a tribal resolution of support
- F. Signed an MOU with the U.S. Attorney's Office (USAO) to enter into Special Assistant U.S. Attorney agreement
- G. Signed an MOU with the State Prosecutor's Office
- H. Renewed/obtained new Special Law Enforcement Commissions for tribal police
- I. Renewed and/or revised tribal laws, codes, or policies
- J. Increased access to key data to collect and/or analyze to inform strategic planning
- K. Educated tribal leaders and/or the community on project status
- L. Developed plan to evaluate the strategy or assess implementation
- M. Other, please explain: _____

TRAINING

27. During the reporting period, did you expend award funds on attending, hosting, or providing training?

- A. Yes
- B. No award funds were expended on attending, hosting, or providing training during the reporting period
(skip to Participant Services section)

28. During the reporting period, in which areas did you expend award funds on attending, hosting, or providing training? *Select all that apply.*

- A. Individuals attended training/conference hosted by an outside organization
- B. Organization hosted training/conference *(organization hosted an outside subject matter expert to provide training and attendees were employees from inside and/or outside your organization)*
- C. Organization provided training/conference *(training provided by internal subject matter expert and attendees were employees from inside and/or outside your organization)*

29. Provide a short description of the training(s)/conference(s).

PARTICIPANT SERVICES

30. Did you provide **tribal courts** services/activities with this award?

- A. Yes
- B. No tribal courts services/activities provided with this award *(skip to Question 32)*

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31. What types of **tribal courts** services/activities did you provide with this award? *Select all that apply. Answer this question during the first reporting period and make changes in future reporting periods if needed.*
- A. Plan new or enhance existing tribal courts
 - B. Support staffing of prosecutors, attorneys, advocates, probation and pretrial service officers, tribal court judges and other court staff, and clerical support staff, including indigent defense services
 - C. Support an effective response to jurisdictional changes resulting from Supreme Court and other court-related decisions
 - D. Support activities relating to implementation of the enhanced sentencing authority provisions of the Tribal Law and Order Act and the special criminal jurisdiction under the Violence Against Women Reauthorization Act of 2022
 - E. Enter into agreement with the US Attorney's office for a tribal prosecutor to be designated as a Special Assistant United States Attorney (SAUSA)
 - F. Other (describe): _____
32. Did you provide **alternative justice courts** services/activities with this award?
- A. Yes
 - B. No alternative justice courts services/activities provided with this award *(skip to Question 34)*
33. What types of **alternative justice courts** services/activities did you provide with this award? *Select all that apply. Answer this question during the first reporting period and make changes in future reporting periods if needed.*
- A. Plan new or enhance existing peacemaking courts, healing to wellness courts, veterans' treatment courts, sentencing circles, community courts, and other traditional or alternative justice courts
 - B. Provide or enhance access to medication-assisted treatment and recovery support services
 - C. Build peer recovery support expertise and services and efforts to support long-term recovery, including overdose prevention
 - D. Other (describe): _____
34. Did you provide **risk/needs assessments** services/activities with this award?
- A. Yes
 - B. No risk/needs assessments services/activities provided *(skip to Question 36)*
35. What types of **risk/needs assessments** services/activities did you provide with this award? *Select all that apply. Answer this question during the first reporting period and make changes in future reporting periods if needed.*
- A. Determine eligibility for diversion programs
 - B. Determine eligibility for alternatives to incarceration programs and/or healing to wellness courts/adult treatment courts
 - C. Assess and determine the treatment needs of potential program participants
 - D. Determine risk/needs for individuals returning to the community after incarceration
 - E. Inform individualized case planning
 - F. Identify appropriate assessment tools
 - G. Provide access to key social and behavioral health services
 - H. Tracking and case management of services
 - I. Ongoing risk assessment reviews
 - J. Other (describe): _____

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36. Did you provide **diversion and alternatives to incarceration** services/activities with this award?
- A. Yes
 - B. No diversion and alternative to incarceration services/activities provided (*skip to Question 38*)
37. What types of **diversion and alternatives to incarceration** services/activities did you provide with this award? *Select all that apply. Answer this question during the first reporting period and make changes in future reporting periods if needed.*
- A. Law enforcement, pretrial or prosecution diversion
 - B. Community supervision
 - C. Mental health and/or substance use treatment services
 - D. Electronic alcohol and offender monitoring
 - E. Recovery support services, including job training and placement, housing assistance and education, and family, peer, and community supports
 - F. Other (describe): _____
38. Did you provide **prevention** services/activities with this award?
- A. Yes
 - B. No prevention services/activities provided (*skip to Question 40*)
39. What types of **prevention** services/activities did you provide with this award? *Select all that apply. Answer this question during the first reporting period and make changes in future reporting periods if needed.*
- A. Community-based Violence Initiatives (CVI) (violence interrupters, hospital-based violence intervention programs).
 - B. Culturally relevant and appropriate evidence-based substance use prevention programs
 - C. Enhance security by addressing issues such as lighting, surveillance equipment, and community emergency alert and telephone systems
 - D. Crime awareness (educational training or awareness campaigns)
 - E. Community building (programs that promote community cohesion, including public safety partnerships between the community and elements of the criminal justice system; for example, National Night Out™)
 - F. Youth programs (programs that promote positive behavior and decrease negative behavior in youth; for example, any of the Blueprints programs)
 - G. Other (describe): _____
40. Did you provide **treatment and recovery** services/activities with this award?
- A. Yes
 - B. No treatment and recovery services/activities provided (*skip to Question 42*)
41. What types of **treatment and recovery** services/activities did you provide with this award? *Select all that apply. Answer this question during the first reporting period and make changes in future reporting periods if needed.*
- A. Case management
 - B. Screening and assessment
 - C. In-patient alcohol/drug treatment services
 - D. Out-patient alcohol/drug treatment services
 - E. Medication assisted treatment
 - F. Other (describe): _____

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42. Did you provide **corrections (institutional and community)** services/activities with this award?
- A. Yes
 - B. No correction (institutional and community) services/activities provided (*skip to Question 44*)
43. What types of **corrections (institutional and community)** services/activities did you provide with this award? *Select all that apply. Answer this question during the first reporting period and make changes in future reporting periods if needed.*
- A. Cognitive based/mental health services (including therapeutic programs used to change criminal thinking and behavior, counseling, or self-help groups)
 - B. Individualized case planning
 - C. Reentry programs/activities (direct services or referrals to services such as vocational, educational, housing)
 - D. Screening and assessment
 - E. Residential substance use disorder treatment (correctional or jail settings)
 - F. Other (describe): _____
44. Did you provide **reentry** services/activities with this award?
- A. Yes
 - B. No reentry services/activities provided (*skip to Question 46*)
45. What types of **reentry** services/activities did you provide with this award? *Select all that apply. Answer this question during the first reporting period and make changes in future reporting periods if needed.*
- A. Develop, implement, and enhance culturally appropriate reentry programs
 - B. Provide substance use treatment
 - C. Provide aftercare
 - D. Provide other reentry support services to individuals reentering communities from tribal, local, state, and federal correctional facilities
 - E. Other (describe): _____
46. Did you provide law enforcement services/activities with this award?
- A. Yes
 - B. No law enforcement services/activities provided (*skip to Question 48*)
47. What types of **law enforcement** services/activities did you provide with this award? *Select all that apply. Answer this question during the first reporting period and make changes in future reporting periods if needed.*
- A. Community-oriented approach (community policing)
 - B. Diversion (from arrest to alternative sanctions or programs; LEAD)
 - C. Focused deterrence (high-rate offender or group/gang focus)
 - D. Geographic focus (hot spots policing)
 - E. Problem-solving approach (problem-oriented policing such as the SARA model)
 - F. Task force/special operations (targeted or organized law enforcement initiatives conducted by a special unit or group to achieve a specific purpose)
 - G. Collect and analyze data in collaboration with federal, state, and local partners by using justice information strategies that complement the efforts of DOJ's Tribal Access Program

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H. Other (describe): _____

48. Describe the impact your program has had using specific data, such as percentages and raw number increases or decreases, in achieving objectives. *If you do not have findings yet, enter your plans to do so.*

49. Are you using grant funds to provide direct services to individuals as part of award activities? *(Direct services can include screening, case planning, in-patient or out-patient drug treatment, case management, individuals participating in a new or enhanced court/treatment court, incarcerated individuals participating in culturally appropriate reentry programs, incarcerated individuals participating in educational or vocational programming, etc.)*

A. Yes/No

B. If Yes, total number of individuals receiving services for the first time during the reporting period:

Healing to Wellness Court/Adult Treatment Court

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

A. Yes/No

B. If Yes, how many new participants entered the program? _____

C. Of those admitted to the program, how many were veterans? _____

51. 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 and those previously admitted in a prior reporting period who continue to participate.*

A. Number enrolled _____

B. Of those enrolled in the treatment court program, how many were veterans? _____

52. Has the treatment court graduated program participants during the reporting period?

A. Yes/No (if No, skip to question 53)

B. If Yes, how many participants have successfully completed the program during the reporting period?

C. Of those graduated program participants, how many were veterans? _____

53. Have any treatment court participants left (are no longer enrolled in) the program without completing all the programmatic requirements during the reporting period?

A. Yes/No

B. If Yes, how many participants have left the program since the beginning of the grant program? _____

C. Of those who left the program, how many were veterans? _____

54. If your program has implemented a new or enhanced court, please describe its impact on the community: _____

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SEMIANNUAL NARRATIVE QUESTIONS

Please answer the following questions every semiannual reporting period (January and July of each year), based on your grant-funded activities. Please ensure your responses are complete, comprehensive, and specific to this award.

In this module, you will identify the goals you hope to achieve with your funding. Your goals should align with your approved application and program budget. 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 provide updates on each one separately.

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

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

3. Is there any assistance that BJA (or a TTA provider) can provide to address any challenges identified in question 2?
A. Yes/No
B. If Yes, explain: _____
4. Are you on track to achieve the goals you hope to achieve with your grant funding, both fiscally and programmatically, as outlined in your grant application? *If No, please provide an explanation as to why your agency is not on track and what your plans are to address the delay.*
A. Yes/No
B. If No, explain: _____
5. What major activities are planned for the next 6 months? *Your response should address the goals and objectives as outlined in the Program Narrative and provide an update on the planned activities in the next 6 months under each goal.*

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6. 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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THANK YOU FOR PARTICIPATING!



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