

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

3. What obstacles, if any, did you encounter over the last reporting period that has had an impact to your project? **Select all that apply.**
  - A. N/A – No obstacles or barriers
  - B. Access to data
  - C. Collaboration/coordination between partner agencies
  - D. Hiring project staff
  - E. Competing implementing agencies' priorities
  - F. Legal obstacles
  - G. Technology challenges
  - H. Federal grant administration issues (e.g., pending approval of action or budget)
  - I. Other
  - J. If Other, please explain. \_\_\_\_\_

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## ADMINISTRATIVE COSTS

4. What is the amount of your BJA grant funding that is allocated to an administrative set aside? *[Carry forward]* \_\_\_\_\_

### Personnel

5. Is your program using BJA grant funds to hire/retain program staff? *[Carry forward]*
- A. Yes/No *(If No, skip to Purchasing Equipment.)*
  - B. If Yes, please enter the amount of funding allocated to personnel over the life of the grant \_\_\_\_\_
6. Please enter the total number of full-time and/or part-time positions paid for with grant funds since the beginning of the grant program. *A part-time position should be counted as one position. Do not include positions reported in a previous reporting period.*
- A. Project coordinator \_\_\_\_\_
  - B. Judges \_\_\_\_\_
  - C. Defense attorneys/Public defenders \_\_\_\_\_
  - D. Prosecutors \_\_\_\_\_
  - E. Court clerks/Court administrators \_\_\_\_\_
  - F. Paralegals/Administrative assistants \_\_\_\_\_
  - G. IT personnel \_\_\_\_\_
  - H. Social workers/Case managers \_\_\_\_\_
  - I. Behavioral health service providers (e.g., licensed addiction counselors) \_\_\_\_\_
  - J. Pretrial and probation officers \_\_\_\_\_
  - K. Corrections/Jails officers \_\_\_\_\_
  - L. Law enforcement officers \_\_\_\_\_
  - M. Agency coordinators/Directors and administrative staff \_\_\_\_\_
  - N. Other \_\_\_\_\_
  - O. If Other, please explain. \_\_\_\_\_

### Purchasing Equipment

7. Is your program using BJA grant funds to purchase equipment/supplies? *[Carry forward]*
- A. Yes/No *(If No, skip to Strategic Planning.)*
  - B. If Yes, please enter the amount of funding allocated to purchasing equipment over the life of the grant. \_\_\_\_\_
8. Please indicate which types of equipment and/or supplies have been purchased with grant funds since the beginning of the grant program. *Select all that apply.*
- A. Computer hardware (e.g., personal computers, servers, printers)
  - B. Law enforcement equipment (e.g., vests, cameras, tools for evidence collection)
  - C. Automated information sharing (e.g., NCIC connections, fingerprint scanners)
  - D. Information management systems
  - E. Institutional/Community corrections equipment (e.g., FF&E, security enhancements)

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- F. Alcohol/Offender monitoring devices and related equipment
- G. Supplies for drug/alcohol testing and related supplies
- H. Office supplies
- I. Court equipment (e.g., cameras, video recording, audio recording)
- J. Equipment or systems to support the delivery of telehealth services
- K. Other, please explain: \_\_\_\_\_

## COLLABORATIVE EFFORTS

### Strategic Planning

9. Is your program using BJA grant funds to support strategic planning activities? [*Carry forward*]
- A. Yes/No (*If No, skip to Partnership Activities.*)
  - B. If Yes, please enter the amount of funding allocated to strategic planning over the life of the grant.  
\_\_\_\_\_
10. Please indicate which of the following activities have been completed since the beginning of the grant program due to grant activity. *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)
  - 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: \_\_\_\_\_

### Partnership Activities

11. Do you have an established, regularly convening working group (e.g., task force, advisory group, or committee) in place to help guide your program? [*Carry forward*]
- A. Yes/No (*If No, skip to Development/Enhancement of Tribal Justice Systems.*)
  - B. If No, please explain \_\_\_\_\_

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12. Please indicate which of the following working group partners have been actively involved (i.e., participated at least once in the initiative) since the beginning of the grant program. *Select all that apply.*
- A. Tribal judges
  - B. Tribal prosecutors
  - C. Tribal law enforcement
  - D. Tribal corrections and community corrections
  - E. Tribal or local schools
  - F. Local partners (e.g., law enforcement agency, probation, corrections, mayor's office)
  - G. State partners (e.g., state justice agencies, governor's office, state prosecutor)
  - H. Federal partners (e.g., USAO, FBI, BIA, BOP)
  - I. Courts (e.g., specialty courts, adult/juvenile courts)
  - J. Defense services (e.g., public defender/indigent defense)
  - K. Health/behavioral health providers
  - L. Social services
  - M. Victim services
  - N. Research partner/analysis/evaluation partner
  - O. Other (e.g., housing assistance), please explain: \_\_\_\_\_
13. Please indicate which activities the advisory group has engaged in since the beginning of the grant program. *Select all that apply.*
- A. Briefed tribal leaders
  - B. Briefed agency leaders
  - C. Discussed advisory group membership/participation
  - D. Conducted project planning activities
  - E. Discussed resources needed/resource sharing
  - F. Met with and engaged community members
  - G. Reviewed research/analysis products and shared data
  - H. Discussed project performance
  - I. Engaged in operational activities (e.g., sharing of programmatic data to inform day-to-day operations of the program)
  - J. Shared individual-level data to inform case planning
  - K. Worked with stakeholders and/or project personnel on problem-solving issues
  - L. Engaged in sustainability planning
  - M. Provided project updates/reports to stakeholders and/or project personnel
  - N. Other, please explain: \_\_\_\_\_

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## SENTENCING DIVERSION AND TREATMENT COURTS

This section asks questions related to criminal diversion and alternatives to incarceration programs. Criminal diversion programs are a form of sentence in which the offender joins a rehabilitative program in lieu of prosecution. Treatment Courts offer alternatives to incarceration (ATI) for individuals at high risk of recidivism and with high needs for treatment. There are also community corrections-based ATI programs that often use tools like risk assessment, supervision, treatment, drug testing, community service, and culturally based programming.

### Development/Enhancement of Tribal Justice Systems and Courts

14. Is your program using BJA grant funds to support the development and enhancement of tribal justice systems and/or courts? *[Carry forward]*

- A. Yes/No *(If No, skip to Development/Enhancement of Risk/Needs Assessment.)*
- B. If Yes, please enter the amount of funding allocated to purchasing equipment over the life of the grant. \_\_\_\_\_

15. Please indicate what type of diversion strategies your program is implementing.

*Select all that apply. [Carry forward]*

- A. Case management
- B. Community supervision
- C. Community service
- D. Mental health treatment
- E. Alcohol or substance abuse treatment
- F. Electronic monitoring
- G. Cultural education programs
- H. Elder's activities (e.g., language learning, mentoring)
- I. Temporary social expulsion
- J. Public announcement at cultural events (e.g., Canoe Journey, Feast Days)
- K. Sweat lodge
- L. Other, please explain: \_\_\_\_\_

16. How many individuals have been diverted from prosecution since the beginning of the grant program? \_\_\_\_\_

- A. Of those diverted from prosecution, how many were veterans? \_\_\_\_\_

### Development/Enhancement of Risk/Needs Assessment Tools

17. Is your program using BJA grant funds to support the development/enhancement of risk/needs assessment tools? *[Carry forward]*

- A. Yes/No *(If No, skip to Healing to Wellness Court/Adult Drug Court.)*
- B. If Yes, please enter the amount of funding allocated to development/enhancement of risk/needs assessment tools over the life of the grant. \_\_\_\_\_

18. Please indicate if your grant program uses screening and assessment tools (e.g., tools

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measuring criminogenic risk, substance use, mental health) for any of the following reasons. *Select all that apply.* [Carry forward]

- A. To determine eligibility for diversion programs
- B. To determine eligibility for alternatives to incarceration programs and/or healing to wellness courts/adult drug courts
- C. To assess and determine the treatment needs of potential program participants
- D. To determine risk/needs for individuals returning to the community after incarceration
- E. To inform individualized case planning
- F. Other
- G. If Other, please explain: \_\_\_\_\_

19. What is/are the name(s) of the tool(s) used? \_\_\_\_\_

20. How many individuals has your program assessed or screened for criminogenic, substance use, and/or mental health risk/needs since the beginning of the grant program? \_\_\_\_\_

- A. Of those assessed or screened for risk/needs, how many were veterans? \_\_\_\_\_

### Healing to Wellness Court/Adult Drug Court

21. Is your program using BJA grant funds to support the implementation/enhancement of treatment and specialty courts, specifically healing to wellness courts, adult drug courts, veterans treatment courts, and/or community courts? [Carry forward]

- A. Yes/No (*If No, skip to Law Enforcement and Adjudication.*)
- B. If Yes, please enter the amount of funding allocated to treatment courts over the life of the grant.

\_\_\_\_\_

22. What type of treatment or specialty court has your program implemented and/or enhanced since the beginning of the grant program? *Select all that apply.* [Carry forward]

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

23. Are participants required to submit to random drug or alcohol testing (e.g., urinalysis, breathalyzer), which help monitor substance use and treatment progress? *Your program or another entity you are in coordination with can administer the testing.* [Carry forward]

- A. Yes/No

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24. Does your grant 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*]
- Yes/No
  - If Yes, please describe common sanctions and incentives. \_\_\_\_\_
25. Has the treatment court program admitted new participants during the reporting period?
- Yes/No
  - If Yes, how many new participants entered the program? \_\_\_\_\_
  - Of those admitted to the program, how many were veterans? \_\_\_\_\_
26. 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.* \_\_\_\_\_
- Of those enrolled in the treatment court program, how many were veterans? \_\_\_\_\_
27. Has the treatment court graduated program participants since the beginning of the grant program?
- Yes/No (*If No, skip next question.*)
  - If Yes, how many participants have successfully completed the program since the beginning of the grant program? \_\_\_\_\_
  - Of those graduated program participants, how many were veterans? \_\_\_\_\_
28. Please enter the number of treatment court participants who have successfully completed all program requirements (i.e., graduated) within the following timeframes (from start of the program to graduation) since the beginning of the grant program. *The sum of these categories should be equal to the total number of successful completions since the beginning of the grant program.*
- 0 to 6 months \_\_\_\_\_
  - 7 to 12 months \_\_\_\_\_
  - 13 to 18 months \_\_\_\_\_
  - 19 to 24 months \_\_\_\_\_
  - 25 months or more \_\_\_\_\_
29. Have any treatment court participants left (are no longer enrolled in) the program without completing all the programmatic requirements since the beginning of the grant program?
- Yes/No (*If No, skip to Law Enforcement and Adjudication.*)
  - If Yes, how many participants have left the program since the beginning of the grant program? \_\_\_\_\_
  - Of those who left the program, how many were veterans? \_\_\_\_\_

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30. Please enter the number of treatment court participants who left (are no longer enrolled in) the program without completing all the programmatic requirements within the following timeframes (from start of the program to termination) since the beginning of the grant program. *The sum of these categories should be equal to the total number of treatment court participants who left the program since the beginning of the grant program.*
- A. 0 to 6 months \_\_\_\_\_
  - B. 7 to 12 months \_\_\_\_\_
  - C. 13 to 18 months \_\_\_\_\_
  - D. 19 to 24 months \_\_\_\_\_
  - E. 25 months or more \_\_\_\_\_
31. Please enter the number of program participants who left (are no longer enrolled in) the program without completing all the programmatic requirements based on each of the following circumstances since the beginning of the grant program. *Participants should not fit in more than one category, so choose the option that best represents why these individuals did not complete the program.*
- A. Court or criminal involvement (e.g., technical violation, arrest, conviction, revocation, reincarceration) \_\_\_\_\_
  - B. Failure to meet programmatic requirements \_\_\_\_\_
  - C. Voluntary withdrawal \_\_\_\_\_
  - D. Participant "timed-out" (e.g., probation period ended) \_\_\_\_\_
  - E. Lack of engagement (e.g., no-shows/nonresponsive participants) \_\_\_\_\_
  - F. Absconding \_\_\_\_\_
  - G. Case transfer or relocation \_\_\_\_\_
  - H. Death or serious illness \_\_\_\_\_
  - I. Other \_\_\_\_\_
  - J. If Other, please explain: \_\_\_\_\_

## TRIBAL JUSTICE SYSTEM AND REENTRY PROGRAM

### Law Enforcement and Adjudication

32. Is your program using BJA grant funds to support law enforcement and adjudication programs? [*Carry forward*]
- A. Yes/No (*If No, skip to Enhanced Sentencing/Expanded Jurisdiction.*)
  - B. If Yes, please enter the amount of funding allocated to law enforcement and adjudication programs over the life of the grant. \_\_\_\_\_

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Please answer the following questions as they relate to the number of criminal investigations, arrests, and indictments since the beginning of the grant program.

33. How many criminal **reports** for any crime have been taken since the beginning of the grant program? \_\_\_\_\_
- A. Of the total number of criminal reports taken since the beginning of the grant program, how many were for alcohol-/substance abuse-related crimes? \_\_\_\_\_
34. How many criminal **investigations** for any crime have been initiated since the beginning of the grant program? \_\_\_\_\_
- A. Of the total number of criminal investigations initiated since the beginning of the grant program, how many were for alcohol-/substance abuse-related crimes? \_\_\_\_\_
35. How many **arrests** for any criminal offense have been made since the beginning of the grant program? \_\_\_\_\_
- A. Of the total number of arrests made since the beginning of the grant program, how many were for alcohol-/substance abuse-related criminal offenses? \_\_\_\_\_
36. How many criminal **indictments** for any crime have been made since the beginning of the grant program? \_\_\_\_\_
- A. Of the total number of criminal indictments made since the beginning of the grant program, how many were for alcohol-/substance abuse-related crimes? \_\_\_\_\_
37. How many criminal complaints have been **referred** for dispute resolution since the beginning of the grant program? \_\_\_\_\_
- A. Of the criminal complaints referred for dispute resolution, how many were dismissed/not taken since the beginning of the grant program? \_\_\_\_\_
38. How many criminal complaints referred for dispute resolution were resolved with each of the following traditional methods since the beginning of the grant program?
- A. Community supervision \_\_\_\_\_
- B. Community service \_\_\_\_\_
- C. Mental health treatment \_\_\_\_\_
- D. Alcohol or substance abuse treatment \_\_\_\_\_
- E. Recovery support services \_\_\_\_\_
- F. Electronic monitoring \_\_\_\_\_
- G. Cultural education programs \_\_\_\_\_
- H. Elder's activities (e.g., language learning, mentoring) \_\_\_\_\_
- I. Temporary social expulsion \_\_\_\_\_
- J. Public announcement at cultural events (e.g., Canoe Journey, Feast Days) \_\_\_\_\_
- K. Sweat lodge \_\_\_\_\_
- L. Other \_\_\_\_\_
- M. Other, please explain: \_\_\_\_\_

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Please answer the following questions as they relate to prosecutions in tribal court since the beginning of the grant program. A case is the indictment of an individual with any number of charges stemming from the same incident. If there are multiple charges, count only the most serious charge.

39. How many **new** criminal complaints have been filed in tribal court since the beginning of the grant program? \_\_\_\_\_
40. How many cases have been **dismissed** by the court (*e.g., prosecutor did not proceed*) since the beginning of the grant program? \_\_\_\_\_
41. How many cases resulted in a **plea bargain** (*e.g., defendant pleads guilty to a lesser charge or a reduced sentence*) \_\_\_\_\_
42. How many cases were resolved with a **conviction following a trial** (*e.g., a finding of guilt by a judge or jury*) \_\_\_\_\_
43. How many cases ended with an **acquittal** (*e.g., found not guilty by judge or jury*) \_\_\_\_\_
44. How many cases ended in **mistrial** (*e.g., invalid trial due to error or hung jury*) \_\_\_\_\_
45. Have any cases been **declined prosecution** since the beginning of the grant program?
- Yes/No (*If No, skip next question.*)
  - If Yes, how many cases were declined prosecution? \_\_\_\_\_
46. Please enter the number of cases declined for prosecution since the beginning of the grant program for each of the following reasons. *Count each case only once.*
- Does not meet the probable cause requirements \_\_\_\_\_
  - Lacks a substantial federal interest \_\_\_\_\_
  - Referred for prosecution in another jurisdiction \_\_\_\_\_
  - Pretrial diversion or non-criminal disposition recommended \_\_\_\_\_
  - Unknown \_\_\_\_\_
  - Other \_\_\_\_\_
  - If Other, please explain. \_\_\_\_\_

### Enhanced Sentencing/Expanded Jurisdiction

47. Is your program using BJA grant funds to support enhanced sentencing/expanded jurisdiction activities? [*Carry forward*]
- Yes/No (*If No, skip to Legal Assistance Activities.*)
  - If Yes, please enter the amount of funding allocated to enhanced sentencing/expanded jurisdiction over the life of the grant. \_\_\_\_\_

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48. Please indicate which of the following activities your program has supported since the beginning of the grant program. *Select all that apply.*
- A. Enhance sentencing authority under the Tribal Law and Order Act
  - B. Expand special domestic violence jurisdiction under the Violence Against Women Act Reauthorization
  - C. Increase investigations and/or prosecutions of violent crime
  - D. Seek to address the issue of missing or murdered indigenous persons
  - E. Other, please explain: \_\_\_\_\_

### Legal Assistance Activities

49. Is your program using BJA grant funds to provide civil or criminal legal assistance?  
**[Carry forward]**
- A. Yes/No *(If No, skip to Development of Tribal Corrections Programs.)*
  - B. If Yes, please enter the amount of funding allocated to legal assistance over the life of the grant.  
 \_\_\_\_\_

Please answer the following questions as they relate to individuals who have applied for and received civil or criminal legal assistance since the beginning of the grant program.

50. How many individuals have **applied for criminal legal assistance** since the beginning of the grant program? \_\_\_\_\_
51. Of the total number of individuals who applied for criminal legal assistance (identified in question 50), please indicate the number of individuals:
- A. Ineligible for criminal legal assistance \_\_\_\_\_
  - B. Received criminal legal assistance \_\_\_\_\_
52. How many individuals have **applied for civil legal assistance** since the beginning of the grant program? \_\_\_\_\_
53. Of the total number of individuals who applied for civil legal assistance (identified in question 52), please indicate the number of individuals:
- A. Ineligible for civil legal assistance \_\_\_\_\_
  - B. Received civil legal assistance \_\_\_\_\_

### Development of Tribal Corrections Programs (Probations and Jails Programming)

54. Is your program using BJA grant funds to support tribal corrections programs?  
**[Carry forward]**
- A. Yes/No *(If No, skip to Development/Enhancement of Reentry Programs.)*
  - B. If Yes, please enter the amount of funding allocated to tribal corrections programs over the life of the grant. \_\_\_\_\_

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55. Please indicate which tribal corrections services your program is providing to individual program participants. *Select all that apply.*
- A. Tribal supervision
  - B. Drug testing
  - C. Tribal jails programming
  - D. Case management
  - E. Peer support or recovery coaching
  - F. Family counseling/reunification services
  - G. Housing support services
  - H. Employment assistance
  - I. Faith-based support
  - J. Vocational training
  - K. Education (e.g., GED support)
  - L. Childcare
  - M. Transportation assistance
  - N. Assistance with accessing health care coverage and other benefits (e.g., veterans benefits, TANF, SSI/SSDI)
  - O. Cultural healing
  - P. Mental health/substance use disorder/co-occurring treatment
  - Q. Other, please explain: \_\_\_\_\_

#### Development/Enhancement of Reentry Programs

56. Is your program using BJA grant funds to support reentry programs? [*Carry forward*]
- A. Yes/No (*If No, skip to Alcohol and Substance Abuse.*)
  - B. If Yes, please enter the amount of funding allocated to reentry programs over the life of the grant.  
\_\_\_\_\_
57. Please enter the number of individuals who served their sentence prior to release in each of the following facilities.
- A. Tribal correctional facility \_\_\_\_\_
  - B. Local correctional facility \_\_\_\_\_
  - C. State correctional facility \_\_\_\_\_
  - D. Bureau of Indian Affairs \_\_\_\_\_
  - E. Bureau of Prisons \_\_\_\_\_
  - F. Other \_\_\_\_\_
  - G. If Other, please explain. \_\_\_\_\_
58. How many individuals have been **eligible** to receive reentry services since the beginning of the grant program? \_\_\_\_\_
59. How many individuals have **received** reentry services since the beginning of the grant program? \_\_\_\_\_

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60. What types of reentry services does your program offer? *Select all that apply.*

*[Carry forward]*

- A. Case management
- B. Peer support or recovery coaching
- C. Family counseling/reunification services
- D. Food and nutrition assistance (e.g., SNAP benefits)
- E. Housing support services
- F. Employment assistance
- G. Faith-based support
- H. Vocational training
- I. Education (e.g., GED support)
- J. Childcare
- K. Transportation assistance
- L. Assistance with accessing health care coverage and other benefits (e.g., veterans benefits, TANF, SSI/SSDI)
- M. Cultural healing
- N. Mental health/substance use disorder/co-occurring treatment
- O. Other
- P. If Other, please explain. \_\_\_\_\_

## ALCOHOL AND SUBSTANCE ABUSE

### Treatment for Alcohol/Substance Abuse

This section asks questions related to treatment and services for alcohol and substance abuse. 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.

61. Will your program use BJA grant funds to provide treatment services to individual program participants, either directly through the program or by providing referrals to receive treatment services from other programs and organizations? *[Carry forward]*

- A. Yes/No *(If No, skip to Community Alcohol and Substance Abuse Prevention/Education.)*
- B. If Yes, please enter the amount of funding allocated to treatment services for alcohol/substance abuse over the life of the grant. \_\_\_\_\_

62. Will BJA grant funds support **inpatient** alcohol and substance abuse treatment services?

*[Carry forward]*

- A. Yes/No

63. What types of recovery support services will your BJA grant support? *Select all that apply.*

*[Carry forward]*

- A. Case management
- B. Peer support or recovery coaching

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- C. Behavioral health treatment or classes (e.g., counseling, cognitive behavioral therapy)
- D. Family counseling/reunification services
- E. Food and nutrition assistance (e.g., SNAP benefits)
- F. Housing support services
- G. Employment assistance
- H. Vocational training
- I. Education (e.g., GED support)
- J. Transitional housing
- K. Childcare
- L. Transportation assistance
- M. Assistance with accessing health care coverage and other benefits (e.g., veterans benefits, TANF, SSI/SSDI)
- N. Cultural healing
- O. Other
- P. If Other, please explain. \_\_\_\_\_

64. How many individuals were eligible to receive services for alcohol/substance abuse since the beginning of the grant program? \_\_\_\_\_
65. How many individuals have received services for alcohol/substance abuse since the beginning of the grant period? \_\_\_\_\_

### **Community Alcohol and Substance Abuse Prevention/Education**

66. Is your program using BJA grant funds to support community alcohol and substance abuse prevention/education? [*Carry forward*]
- A. Yes/No (*If No, skip to Training and Technical Assistance.*)
  - B. If Yes, please enter the amount of funding allocated to community alcohol and substance abuse prevention/education over the life of the grant. \_\_\_\_\_
67. What types of prevention activities has your program completed since the beginning of the grant program?
- \_\_\_\_\_
68. Please indicate which of the following resources your program has developed/is developing for the community since the beginning of the grant program. *Select all that apply.*
- A. FAQ brochures
  - B. Packet of community resources
  - C. Flyers
  - D. Training materials
  - E. Other, please explain: \_\_\_\_\_

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## TRAINING AND TECHNICAL ASSISTANCE

### Training

69. 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/No *(If No, skip to question 72.)*
- B. If Yes, how many trainings were completed during the reporting period? \_\_\_\_\_

70. For each of the trainings completed during the reporting period, please indicate who provided the training, the target audience, the 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.*

	Target Audience	People Trained	Training Provider	What funds were used to provide the training?
[Open text]	[Open text]			*Grant funds *NTTAC *Other OJP funds *Other *Unknown

71. 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.

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

### Technical Assistance

73. Did project staff receive any technical assistance (TA) during the reporting period?  
*Technical assistance 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 an emerging or complex issue.*

- A. Yes/No *(If No, skip to next section.)*
- B. 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. \_\_\_\_\_  
*For each technical assistance 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 73B (up to five per quarter).*

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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 TA Provider	What funds were used to provide the technical assistance?
[Open text]	[Drop down list from NTTAC]	<ul style="list-style-type: none"> <li>• Conference</li> <li>• Direct assistance</li> <li>• National program or policy advancement</li> <li>• Operational support</li> <li>• Training</li> <li>• Other (If Other, please explain.)</li> </ul>	[Positive whole number]	<ul style="list-style-type: none"> <li>• Very satisfied</li> <li>• Satisfied</li> <li>• Neither satisfied nor dissatisfied</li> <li>• Dissatisfied</li> <li>• Very dissatisfied</li> </ul>	[Open Text]	*Grant funds *NTTAC *Other OJP funds *Other *Unknown

74. Will your grant program be able to directly apply the knowledge obtained through the technical assistance?

- 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.

75. 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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**FINAL REPORT QUESTIONS [Closeout Only]**

**Programmatic Adjustments**

76. As a result of the grand funds, please describe what, if any, programmatic adjustments (i.e., policies or procedures) were made for individuals in the program who tested positive for illicit drug use:

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77. As a result of the grant funds, please describe what, if any, programmatic adjustments (i.e., policies or procedures) were made for individuals in the program who failed to comply with conditions of alternative sentence:
- 

## SEMIANNUAL NARRATIVE QUESTIONS

In this module, you will identify the goals you hope to achieve with your funding. 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.

**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 the 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 Yes, 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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