

BUREAU OF JUSTICE ASSISTANCE
RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) GRANT PROGRAM
PERFORMANCE MEASURES

The following pages outline general questions and performance measures for the Bureau of Justice Assistance (BJA) *Residential Substance Abuse Treatment (RSAT)* grant program. The performance measures for this program were established to show the impact and value of the program and indicate how grant activities meet the following objectives:

1. Provide residential treatment facilities set apart—in a completely separate facility, or a dedicated housing unit in a facility exclusively for use by RSAT program participants—from the general correctional population.
2. Focus on the substance abuse problems of the RSAT program participants.
3. Develop each RSAT program participant's cognitive, behavioral, social, vocational, and other skills to solve substance abuse and related problems.
4. Require urinalysis and/or other proven reliable forms of drug and alcohol testing for RSAT program participants, including both periodic and random testing, and for former participants while they remain in the custody of the state or local government.

The performance measures for the RSAT program are shown by grant program type (Jail-based, Prison-based, and Aftercare). The questions are structured in two formats—quantitative (numeric) measures and qualitative (narrative) measures. You will complete the quantitative measures in the BJA Performance Measurement Tool (PMT) four times per year to report on your activity during the prior 3 months, also known as a reporting period. You will be asked to complete qualitative measures twice each year. These consist of seven narrative questions that you will answer based on activities during the previous two reporting periods.

In addition, in January and July of each calendar year, you are responsible for creating the *GMS Report* from the PMT that you upload into the Grants Management System (GMS). During the nonsubmission periods, you are encouraged to create this report and keep a copy for your records.

NOTE: Data collection on these measures will take effect with grant activities that begin as of April 1–June 30, 2012. Specifically, data entry and reporting in the PMT will begin on July 1, 2012. Subsequent data entry will occur quarterly, with a 30-day submission period following the close of the reporting period.

You are required to report data for all measures as they relate to the activities funded by the BJA award plus 25 percent non-Federal match funds.

Your responses to the questions that follow must be entered in the PMT at <https://www.bjaperformancetools.org>. If you have any questions about the PMT or performance measures, please call the BJA Performance Tools Help Desk at 1-888-252-6867, or send an e-mail to BJAPMT@csrincorporated.com.

If you have questions about your program, please contact your State Policy Advisor (SPA) at <http://www.ojp.usdoj.gov/BJA/resource/ProgramsOffice.html>.

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GENERAL AWARD INFORMATION

1. Was there grant activity during the reporting period? Grant activity is defined as any proposed activity in the BJA-approved grant application that is implemented or executed with BJA grant funds.
 - A. Yes ____
 - B. No ____
 - C. If no, please explain _____

2. Has the RSAT program admitted participants?
 - A. Yes ____
 - B. No ____

ACTIVITY TYPE

3. What type of services do you provide to participants in your RSAT program? Select the services that best reflect the program design.
 - A. Jail-based treatment services ____
 - B. Prison-based services ____
 - C. Aftercare services (including Department of Corrections or DOC-operated community-based facilities) ____

PROGRAM CHARACTERISTICS

4. Does your RSAT program use evidence-based treatment services? Evidence-based programs and practices are those demonstrated by the research literature to be effective at reducing substance use among court-involved individuals (e.g., see SAMHSA link at <http://www.samhsa.gov/ebpwebguide/>).
 - A. Yes ____
 - B. No ____

5. Please enter the number of **treatment staff** who work directly with participants in the RSAT program. Staff would be all treatment employees, including but not limited to program managers, case managers, and clinicians. Do NOT count the number of mentors, volunteers, or interns.
 - A. Number of treatment staff _____

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6. Please enter the amount of BJA funds (in dollars) **expended** or **obligated** in your RSAT program during the reporting period for the following areas:
- A. Personnel _____
 - B. Fringe benefits _____
 - C. Supplies _____
 - D. Equipment _____
 - E. Contract/consultant fees _____
 - F. Construction _____
 - G. Indirect costs _____
 - H. Other _____

JAIL/PRISON-BASED PROGRAMS

7. Please enter the number of **treatment staff** members who were cross trained in the jail/prison-based portion of the RSAT program. *This information should be based on the number of uniformed officers who received training in the implementation of assessment instruments, motivational interviewing (MI) techniques, accountability training, or addiction-related trainings, as well as the number of treatment staff who received officer training and other security training sessions.*
- A. Number of treatment staff cross trained _____
8. Please enter the number of **custody staff** members who were cross trained in the jail/prison-based portion of the RSAT program. *This information should be based on the number of uniformed officers who received training in the implementation of assessment instruments, motivational interviewing (MI) techniques, accountability training, or addiction-related trainings, as well as the number of treatment staff who received officer training and other security training sessions.*
- A. Number of custody staff cross trained _____

Risk Assessment and Treatment Planning

9. Of those who entered the jail/prison-based portion of the RSAT program during the reporting period, please enter the number of jail/prison-based participants who were administered a risk and need assessment. *A risk and need assessment is an instrument to help identify factors that may lead a participant to reoffend. It pinpoints needed services to minimize those risks. Only include those individuals who have been admitted to the RSAT program.*
- A. Number of jail/prison-based participants administered a risk and need assessment _____

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10. Of those who entered the jail/prison-based portion of the RSAT program during the reporting period, please enter the number of such individuals who were identified as having high criminogenic risks, such as significant substance abuse treatment needs.

A. Number of jail/prison-based participants with high criminogenic risks, such as significant substance abuse treatment needs _____

11. Of those who entered the jail/prison-based portion of the RSAT program during the reporting period, please enter the number with an individualized treatment plan. *The number entered should be equal to or less than the number of participants currently enrolled and should be based on an unduplicated count of participants with an individualized treatment plan. Participants with updated individualized treatment plans should be counted only once.*

A. Number of jail/prison-based participants with an individualized treatment plan _____

Number of Participants Receiving Services

12. Please enter the total number of jail/prison-based participants who are currently enrolled in the RSAT program during the reporting period.

A. Total number of jail/prison-based participants currently enrolled _____

13. Of those currently enrolled, please enter the number of new jail/prison-based participants admitted during the reporting period.

A. Number of new jail/prison-based participants admitted _____

Amount of Services Provided

14. Please enter the number of jail/prison-based participants who were provided services during the reporting period with BJA RSAT program funds through the following treatment components:

A. Substance abuse and treatment services ____

B. Cognitive and behavioral services ____

C. Employment services _____

D. Housing services _____

E. Mental health services _____

F. Other services _____

G. Please explain other services _____

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Program Completion

15. Please enter the number of participants who **successfully completed** all requirements of the jail/prison-based portion of your RSAT program during the reporting period. *The number entered should represent only those participants who successfully completed all the requirements of the RSAT program during the reporting period.*
- A. Number of jail/prison-based successful completers _____
16. Of those jail/prison-based participants who **successfully completed** all program requirements, please enter the number who were **released to the community** during the reporting period.
- A. Number of jail/prison-based successful completers released to the community _____
17. Of those jail/prison-based program completers released to the community, please enter the number with a **continuity of care arrangement or reentry or transitional plan**. *The number should be based on the number of participants with active treatment plans that continue in the community and on participants who receive referrals for services after their release into the community.*
- A. Number of jail/prison-based successful completers with confirmed continuity of care arrangements _____

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18. Please enter the number of individuals who **did not complete** the jail/prison-based portion of the RSAT program for the categories below. *Participants should not fit in more than one category, so please choose the option that best represents why these individuals did not complete the program.*

Jail/Prison-based Incompletes		
Measure		Number
A	Number of participants no longer in the program due to termination for a new charge	
B	Number of participants no longer in the program due to release or transfer to another correctional facility	
C	Number of participants no longer in the program due to death or serious illness	
D	Number of participants no longer in the program due to voluntary drop out	
E	Number of participants no longer in the program due to failure to meet program requirements	
F	Number of participants no longer in the program due to violation of institutional rules	
G	Number of participants who did not complete the program for other reasons (please specify below)	

19. Of those jail/prison-based participants who left the RSAT program **successfully**, please enter the number who completed the program during the following timeframes. *The sum of all of these categories should be equal to the number in question 15. If not, please check for data entry errors.*

- A. 0 to 3 months ____
- B. 4 to 6 months ____
- C. 7 to 9 months ____
- D. 10 months or more ____

20. Of those jail/prison-based participants who left the RSAT program **unsuccessfully or did not complete the program**, please enter the number who left the program during the following timeframes. *The sum of all of these categories should be equal to the number in question 18. If not, please check for data entry errors.*

- A. 0 to 3 months ____
- B. 4 to 6 months ____
- C. 7 to 9 months ____
- D. 10 months or more ____

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Alcohol and Substance Involvement

21. Please enter the number of jail/prison-based participants who were administered a drug test before admission into your RSAT program. *As a requirement, grantees must agree to implement or continue to require urinalysis or other proven reliable forms of testing, including both periodic and random testing (1) of an individual before the individual enters an RSAT program and during the period in which the individual participates in the treatment program; and (2) of an individual released from an RSAT program if the individual remains in the custody of the state.*

A. Number of jail/prison-based participants tested before admission _____

22. Of those enrolled in the **jail/prison-based** portion of the RSAT program, please enter the total number of participants tested for alcohol or illegal substances during the reporting period. *This should represent the total number of RSAT participants who were given drug tests. The number entered should be an unduplicated count only of participants who were tested for alcohol or illegal substances, and it should be equal to or greater than the number of participants who tested positive. If not, please check for data entry error.*

A. Total number of jail/prison-based participants tested for alcohol or illegal substances _____

23. Of those enrolled in the **jail/prison-based** portion of the RSAT program, please enter the number of participants who tested positive for the presence of alcohol or illegal substances during the reporting period. *The number entered should be an unduplicated count only of participants who tested positive for alcohol or illegal substances, and it should be equal to or less than the total number of participants tested. If not, please check for data entry error. Alcohol and substance use information should be based on documented tests rather than self-reported information from program participants. Include all participants who received services during the reporting period, regardless of whether they successfully completed the RSAT program, left without completing it, or are currently enrolled.*

A. Number of jail/prison-based participants who tested positive for alcohol or illegal substances _____

24. Please enter the number of participants who were administered a drug test after successfully completing your residential drug treatment program.

A. Number of jail/prison-based participants tested after program completion

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AFTERCARE PROGRAMS

Risk Assessment and Treatment Planning

25. Of those who entered aftercare portion of the RSAT program during the reporting period, please enter the number of jail/prison-based participants who were administered a risk and need assessment. *A risk and need assessment is an instrument to help identify factors that may lead a participant to reoffend. It pinpoints needed services to minimize those risks. Only include those individuals who have been admitted to the RSAT program.*

A. Number of aftercare participants administered a risk and need assessment _____

26. Of those who entered the aftercare portion of the RSAT program during the reporting period, please enter the number of such individuals who were identified as having high criminogenic risks, such as significant substance abuse treatment needs.

A. Number of aftercare participants with high criminogenic risks, such as significant substance abuse treatment needs _____

27. Of those who entered the aftercare portion of the RSAT program during the reporting period, please enter the number with an individualized treatment plan during the reporting period. *The number entered should be equal to or less than the number of participants currently enrolled and should be based on an unduplicated count of participants with an individualized treatment plan. Participants with updated individualized treatment plans should be counted only once.*

A. Number of aftercare participants with an individualized treatment plan _____

Number of Participants Receiving Services

28. Please enter the total number of aftercare participants who are currently enrolled in the RSAT program during the reporting period.

A. Total number of aftercare participants currently enrolled _____

29. Of those currently enrolled, please enter the number of new aftercare participants admitted during the reporting period.

A. Number of new aftercare participants admitted _____

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30. Of those newly admitted **aftercare** participants released to the community, please enter the number with a **continuity of care arrangement** or **reentry or transitional plan**. *The number should be based on the number of participants with treatment referrals for services after their release into the community.*

A. Number of new aftercare participants with continuity of care arrangements

Amount of Services Provided

31. Please enter the number of aftercare participants who were provided services during the reporting period with BJA RSAT program funds through the following treatment components:

A. Substance abuse and treatment services _____

B. Cognitive and behavioral services _____

C. Employment services _____

D. Housing services _____

E. Mental health services _____

F. Other services _____

G. Please explain other services _____

Program Completion

32. Please enter the number of participants who successfully completed all requirements of the aftercare portion of your RSAT program during the reporting period. The number entered should represent only those participants who successfully completed all the requirements of *the RSAT program during the reporting period*.

A. Number of aftercare **successful** completers _____

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33. Please enter the number of individuals who **did not complete** the **aftercare** portion of the RSAT program for the categories below. *Participants should not fit in more than one category, so choose the option that best represents why these individuals did not complete the program.*

Aftercare Incompletes		
Measure		Number
A	Number of participants no longer in the program due to failure to meet program requirements	
B	Number of participants no longer in the program due to court or criminal involvement (technical violation, arrest, conviction, revocation, reincarceration)	
C	Number of participants no longer in the program due to voluntary drop out	
D	Number of participants no longer in the program due to absconding	
E	Number of participants no longer in the program due to relocating or case transfer	
F	Number of participants no longer in the program due to death or serious illness	
G	Number of participants who did not complete the program for other reasons (please specify below)	

34. Of those aftercare participants who left the RSAT program **successfully**, please enter the number who completed the program during the following timeframes. *The sum of all of these categories should be equal to the number in question 32. If not, please check for data entry errors.*

- A. 0 to 3 months ____
- B. 4 to 6 months ____
- C. 7 to 9 months ____
- D. D.10 months or more ____

35. Of those aftercare participants who left the RSAT program **unsuccessfully or did not complete the program**, please enter the number who left the program during the following timeframes. *The sum of all of these categories should be equal to the number in question 33. If not, please check for data entry errors.*

- A. 0 to 3 months ____
- B. 4 to 6 months ____
- C. 7 to 9 months ____
- D. 10 months or more ____

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Alcohol and Substance Involvement

36. Please enter the number of participants who were administered a drug test before admission into your residential drug treatment program. *As a requirement, grantees must agree to implement or continue to require urinalysis or other proven reliable forms of testing, including both periodic and random testing (1) of an individual before the individual enters an RSAT program and during the period in which the individual participates in the treatment program; and (2) of an individual released from an RSAT program if the individual remains in the custody of the state.*

A. Number of aftercare participants tested before admission into the program _____

37. Of those enrolled in the **aftercare** portion of the RSAT program, please enter the total number of participants tested for alcohol or illegal substances during the reporting period. *This should represent the total number of RSAT participants who were given drug tests. The number entered should be an unduplicated count only of participants enrolled in the program who were tested for alcohol or illegal substances, and it should be equal to or greater than the number of participants who tested positive. If not, please check for data entry error.*

A. Total number of aftercare participants tested for alcohol or illegal substances _____

38. Of those enrolled in the **aftercare** portion of the RSAT program, please enter the number of participants who tested positive for the presence of alcohol or illegal substances during the reporting period. *The number entered should be an unduplicated count only of participants enrolled in the program who tested positive for alcohol or illegal substances, and it should be equal to or less than the total number of participants tested. If not, please check for data entry error. Alcohol and substance use information should be based on documented tests rather than self-reported information from program participants. Include all participants who received services during the reporting period, regardless of whether they successfully completed the RSAT program, left the program without completing it, or are currently enrolled.*

A. Number of aftercare participants who tested positive for alcohol or illegal substances _____

39. Please enter the number of participants who were administered a drug test after successfully completing your residential drug treatment program.

A. Number of aftercare participants tested after program completion _____

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Criminal Involvement

40. Please enter the number of participants in the aftercare portion of your RSAT program who were charged with any **drug** offense(s) during the reporting period. *Criminal history information should be based on official arrest information from a local, state, or national law enforcement reporting system or official court records. In the case of multiple offenses, this should be determined by the top charge.*

A. Number of aftercare participants charged with **drug** offense(s) _____

41. Please enter the number of participants in the aftercare portion of your RSAT program who were charged with any **non-drug** offense(s) during the reporting period. *Criminal history information should be based on official arrest information from a local, state, or national law enforcement reporting system or official court records. In the case of multiple offenses, this should be determined by the top charge.*

A. Number of aftercare participants charged with **non-drug** offense(s) _____

42. Please enter number of participants in the aftercare portion of your RSAT program who were charged with any drug or non-drug offense(s) within **1 year after** successfully completing the RSAT program. *Criminal history information should be based on official arrest information from a local, state, or national law enforcement reporting system or official court records.*

A. Number of aftercare participants charged with drug or non-drug offense(s) **1 year after** successful completion _____

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NARRATIVE QUESTIONS

The following questions must be answered in **January** and **July** of each calendar year. Please answer based on your experience for the last 6-month period. You can use up to 8,000 characters for each of your responses.

1. What were your accomplishments within this 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?

- A. Yes (Please explain below)
- B. No

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5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application?

A. Yes

B. No (Please explain below)

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?

THANK YOU FOR PARTICIPATING!