

Office of Criminal Justice Grants  
Florida Department of Law Enforcement  
Residential Substance Abuse Treatment (RSAT) Program  
Subgrant Performance Measures

**Subgrantee:**

**Grant #:**

**Reporting Period:**

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, OCJG is responsible for creating the *GMS Report* from the PMT into the Grants Management System (GMS) for federal review.

**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. The activities include training and hiring treatment personnel. The remainder of the questions are about program *participant-level measures*. For these questions, please report the number of individuals that is equal to the proportion of the Federal funds (plus matching funds) of your total annual budget for the RSAT program.**

**FAILURE TO SUBMIT THE PERFORMANCE QUESTIONNAIRE BY YOUR AGENCY'S REPORTING DEADLINE MAY RESULT IN THE WITHHOLDING OF FUNDS ON YOUR SUBAWARD.**

Please contact the Office of Criminal Justice Grants at (850) 617-1250 for any questions pertaining to this report.

## **AWARD ADMINISTRATION**

Is this the last time reporting in the PMT before closing out this award? If "yes," you must complete the Court and Criminal Involvement questions.

A. Yes/No

## **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/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 \_\_\_\_

C. If yes, please describe the evidence-based treatment services.

\_\_\_\_\_

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5. Please enter the number of **treatment staff** who work directly with participants in the RSAT program. When answering 'A', please count all treatment staff regardless of funding source. 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 \_\_\_\_\_
- B. Of those reported in 'A', how many are paid for at least partially using BJA program funds, including matching funds? \_\_\_\_\_
6. Please enter the amount of funds from all sources (in dollars) spent in your RSAT program **during the reporting period** for the following areas:

Funds Spent during Quarter	BJA Funds	Non-BJA Funds (All Other Sources)
Personnel		
Fringe benefits		
Supplies		
Equipment		
Contract/consultant fees		
Construction		
Indirect costs		
Other		

### JAIL/PRISON-BASED PROGRAMS

7. During the reporting period, using BJA program funds including matching funds, did you pay for training for treatment staff to be cross trained in the jail/prison-based portion of the RSAT program?
- A. Yes/No (go to Question 10)
8. 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 treatment staff 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 \_\_\_\_\_
9. During the reporting period, using BJA program funds including matching funds, did you pay for training for custody staff to be cross trained in the jail/prison-based portion of the RSAT program?
- A. Yes/No (go to next section)

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10. 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 \_\_\_\_\_

**The following questions pertain to individuals who are receiving services in your RSAT program. The following sections include the following: Risk Assessment and Treatment Planning, Number of Participants Receiving Services, Services Provided, Program Completion, Alcohol and Substance Involvement, and Court and Criminal Involvement. For these questions, please report the number of individuals that is equal to the proportion of the Federal funds (plus matching funds) of your total annual budget for the RSAT program. For example, if the BJA RSAT grant (plus matching funds) accounts for 65% of the total annual budget, then please report on 65% of the program participants. When applying the percentage, please round to the nearest whole number. Similarly, if BJA RSAT funds (plus matching funds) are paying for a specific number of beds/treatment spaces within your facility, please report on those individuals who are occupying those beds/treatment spaces.**

## **Risk Assessment and Treatment Planning**

11. 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/or needs assessment. *A risk and needs 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 needs assessment \_\_\_\_\_
12. Please name the risk assessment instrument(s) that is used to assess risk/need.
- \_\_\_\_\_
13. 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 and/or high substance abuse treatment needs.
- A. Number of jail/prison-based participants with high criminogenic risks/needs \_\_\_\_\_

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14. Of those who entered the jail/prison-based portion of the RSAT program during the reporting period, please enter the number with an individualized substance abuse 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

15. Please enter the total number of jail/prison-based participants enrolled in the RSAT program **as of the last day of the reporting period.**
- A. Total number of jail/prison-based participants enrolled **as of the last day of the reporting period** \_\_\_\_\_
16. Please enter the number of NEW jail/prison-based participants admitted during the reporting period.
- A. Number of NEW jail/prison-based participants admitted \_\_\_\_\_

### Services Provided

17. Please enter the number of jail/prison-based participants who were provided services during the reporting period with BJA program funds, including matching funds, through the following treatment components:
- A. Substance abuse and treatment services \_\_\_\_\_
  - B. Cognitive and behavioral services (cognitive behavioral services include interventions that address criminal thinking and antisocial behavior) \_\_\_\_\_
  - C. Employment services \_\_\_\_\_
  - D. Housing services \_\_\_\_\_
  - E. Mental health services \_\_\_\_\_
  - F. Other services \_\_\_\_\_
  - G. Please explain other services \_\_\_\_\_

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18. Please enter the number of jail/prison-based participants who were provided with **transitional planning services with BJA program funds, including matching funds**, during the reporting period. *To provide transitional planning services, the RSAT program must work with clients to develop individualized post-release plans that address each client's needs in terms of housing, employment/financial support, and ongoing therapeutic needs. These include enrollment in Medicaid or subsidized insurance programs, where available. They also include prerelease engagement with the community correctional agency that will be providing post-release supervision of the client, where relevant. **Note:** Blanket referrals to community self-help programs do **not** constitute "transitional planning services."*

A. Number of jail/prison-based participants receiving transitional planning services \_\_\_\_\_

### Medication Assisted Treatment

The following questions ask about any Medication Assisted Treatment (MAT) participants may be receiving within your program during the reporting period. BJA supports the right of individuals to have access to appropriate MAT under the care and prescription of a physician. BJA recognizes that not all communities may have access to MAT due to lack of physicians who are able to prescribe and oversee clients using anti-alcohol and opioid medications.

19. If your treatment program includes medication assisted treatment, which of the following medications are you utilizing? *Check all that apply.*

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

20. Of the total participants enrolled in your program, how many were deemed eligible for medication-assisted treatment and of those eligible, how many received MAT during the reporting period?

- A. Individuals Eligible for MAT: \_\_\_\_
- B. Individuals receiving at least one treatment: \_\_\_\_

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## Program Completion

21. 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 \_\_\_\_\_
22. 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 \_\_\_\_\_
- B. Of those reported in 'A', how many individuals were released under correctional supervision. \_\_\_\_\_
- C. Of the number of successful completers released to the community, how many individuals were referred to an aftercare program. *Aftercare programs are defined in 42 U.S.C. 3796ff-1(c)* \_\_\_\_\_.
23. 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 \_\_\_\_\_
24. 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 <b>termination for a new charge</b>	
B	Number of participants no longer in the program due to <b>release or transfer to another correctional facility</b>	
C	Number of participants no longer in the program due to <b>death or serious illness</b>	
D	Number of participants no longer in the program due to <b>voluntary drop out</b>	



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E	Number of participants no longer in the program due to <b>failure to meet program requirements</b>	
F	Number of participants no longer in the program due to <b>violation of institutional rules</b>	
G	Number of participants who did not complete the program for other reasons (please specify below)	

25. 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 \_\_\_\_

26. 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 \_\_\_\_

### Alcohol and Substance Involvement

27. Please enter the number of **jail/prison-based** participants who were administered an alcohol/drug test (e.g., urinalysis 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 \_\_\_\_\_



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28. 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 \_\_\_\_\_

29. 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 \_\_\_\_\_

30. During the reporting period, please enter the number of participants who were administered an alcohol/drug test (e.g., urinalysis test) within 30 days after **successfully completing** your residential drug treatment program and are still under supervision of the program.

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

B. Of that number, how many tested positive for alcohol or illegal substances after program completion \_\_\_\_\_

## COURT AND CRIMINAL INVOLVEMENT: JAIL/PRISON BASED

The next set of questions is about court and criminal involvement for offenders who have ever participated in the RSAT jail/prison-based program. This section is to be completed at the close of the grant.

31. Since the **start** of the **BJA RSAT award**, how many jail/prison based participants:
- A. Are still participating in the jail/prison-based RSAT program? \_\_\_\_\_
  - B. Have successfully completed the jail/prison-based RSAT program and released into the community? \_\_\_\_\_
  - C. Did not complete the jail/prison-based RSAT program and released into the community? \_\_\_\_\_
  - D. Were released into a **mandated** aftercare program. *Aftercare programs are defined in 42 U.S.C. 3796ff-1(c)* \_\_\_\_\_.
32. Since the start of the RSAT BJA award, enter the total number of jail/prison-based participants released into the community who successfully completed and unsuccessfully exited and were reincarcerated:

Court and Criminal Involvement Since the Start of the BJA Award for Individuals Who Received Aftercare Services			
	Measure	Reincarcerated based on a <b>New Criminal Charge</b>	Reincarcerated based on a <b>Revocation for a Technical Violation</b>
A.	Participants released into the community (excluding mandated aftercare programs) who successfully completed the jail/prison based program		
B.	Participants released into the community (excluding mandated aftercare programs) who participated but unsuccessfully exited the program		

## AFTERCARE PROGRAMS

The following questions pertain to individuals that are receiving services in your RSAT program. The following sections consist of the following: Risk Assessment and Treatment Planning, Number of Participants Receiving Services, Services Provided, Program Completion, Alcohol and Substance Involvement, and Court and Criminal Involvement. For these questions, please report the number of individuals that is equal to the proportion of the federal funds (plus matching funds) of your total annual budget for the RSAT program. For example, if the BJA RSAT grant (plus matching funds) accounts for 65% of the total annual budget, then please report on 65% of the program participants. When applying the percentage, please round to the nearest whole number. Similarly, if BJA RSAT funds (plus matching funds) are paying for a specific number of beds/treatment spaces within your facility, please report on those individuals that are occupying those beds/treatment spaces.

### **Risk Assessment and Treatment Planning**

33. Of those who entered aftercare portion of the RSAT program during the reporting period, please enter the number of participants who were administered a risk and/or needs assessment. *A risk and needs 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 needs assessment \_\_\_\_\_

34. Please name the **risk assessment instrument(s)** used to assess risk/need.

\_\_\_\_\_

35. 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 and/or high substance abuse treatment needs.

A. Number of aftercare participants with high criminogenic risks and/or high substance abuse treatment needs \_\_\_\_\_

36. 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

37. Please enter the total number of aftercare participants who are enrolled in the RSAT program as of the last day of the reporting period.
- A. Total number of aftercare participants enrolled as of the last day of the reporting period \_\_\_\_\_
38. Please enter the number of NEW aftercare participants admitted during the reporting period.
- A. Number of new aftercare participants admitted \_\_\_\_\_
39. 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 \_\_\_\_\_

## Services Provided

40. Please enter the number of aftercare participants who were provided services during the reporting period with BJA program funds, including matching funds, through the following treatment components:
- A. Substance abuse and treatment services \_\_\_\_\_
- B. Cognitive and behavioral services (including interventions that address criminal thinking and antisocial behavior) \_\_\_\_\_
- C. Employment services \_\_\_\_\_
- D. Housing services \_\_\_\_\_
- E. Mental health services \_\_\_\_\_
- F. Other services \_\_\_\_\_
- G. Please explain other services \_\_\_\_\_
41. If your treatment program includes medication assisted treatment (MAT), which of the following medications are you utilizing? *Check all that apply.*
- A. \_\_\_\_\_ We do not provide MAT (Skip next question)
- B. \_\_\_\_\_ We do not have access to MAT (Skip next question)
- C. \_\_\_\_\_ Naltrexone (Vivitrol®, depot naltrexone)
- D. \_\_\_\_\_ Buprenorphine or Buprenorphine/Naloxone (Bup/NX) (Suboxone®)
- E. \_\_\_\_\_ Methadone

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42. Of the total participants enrolled in your program, how many were deemed eligible for medication-assisted treatment (MAT) and of those eligible, how many received MAT during the reporting period?

- A. Individuals Eligible for MAT: \_\_\_\_\_  
B. Individuals receiving at least one MAT treatment: \_\_\_\_\_

## Program Completion

43. 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 \_\_\_\_\_

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

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45. 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 39. 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 \_\_\_\_
46. 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 40. 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 \_\_\_\_

## Alcohol and Substance Involvement

47. Please enter the number of participants who were administered an alcohol/drug test before admission into your aftercare 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  
\_\_\_\_\_
48. 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  
\_\_\_\_\_

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49. 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 \_\_\_\_\_
50. During the reporting period, please enter the number of participants who were administered a drug test within 30 days after successfully completing your residential drug treatment program.
- A. Number of aftercare participants tested after program completion \_\_\_\_\_
- B. Of that number, how many tested positive for alcohol or illegal substances following program completion? \_\_\_\_\_.

### **COURT AND CRIMINAL INVOLVEMENT: AFTERCARE**

The next set of questions is about court and criminal involvement for ex-offenders who have ever participated in the RSAT Aftercare program. Note that individuals can be included in more than one category. For example, an ex-offender could be arrested and have a conviction; the individual should therefore be counted in both categories. If an ex-offender has multiple arrests or convictions, only count that individual once. This section is to be completed at the close of the grant.

51. Since the **start** of the RSAT **BJA award**, how many aftercare participants:
- A. Are still receiving aftercare services? \_\_\_\_\_
- B. Have successfully completed aftercare services? \_\_\_\_\_
- C. Did not complete aftercare services? \_\_\_\_\_



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52. Since the start of the RSAT BJA award, enter the total number of aftercare participants who have had a **court** and/or **criminal involvement event**. *An ex-offender can be counted in more than one category (i.e., an individual can have an arrest and a conviction and then be reincarcerated). However, do not count the frequency of events (i.e., number of arrests and convictions). Pending charges that the individual had prior to entering the program should not be counted.*

Court and Criminal Involvement Since the Start of the BJA Award for Individuals Who Received Aftercare Services					
Measure		Arrested on a New Charge	Conviction for a New Charge	Revocation of the Terms of Supervised Release	Reincarceration Based on a New Sentence
A.	Participants who are <b>still participating</b> in the program				
B.	Ex-participants who <b>successfully completed</b> the program				
C.	Ex-participants who <b>unsuccessfully exit</b> the program				

53. How was the information obtained for those ex-offenders who were **arrested** on a new charge? *Select the best option that describes how the information was obtained.*

- A. The grantee is a criminal justice agency such as the department of corrections, probation, or parole and has access to this information.
  - B. The grantee has a Memorandum of Understanding (MOU), a Memorandum of Agreement (MOA), or a linkage agreement with a correctional agency that has access to this information.
  - C. The grantee conducts public record jail/prison searches online.
  - D. The grantee entered unofficial data (through word of mouth or from participants who reported the incident).
  - E. The grantee does not have access to official justice information.
  - F. Other (Please specify)
-

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54. How was the information obtained for those ex-offenders who were **convicted** of a new crime? *Select the best option that describes how the information was obtained.*

- A. The grantee is a criminal justice agency such as the department of corrections, probation, or parole and has access to this information.
  - B. The grantee has a Memorandum of Understanding (MOU), a Memorandum of Agreement (MOA), or a linkage agreement with a correctional agency that has access to this information.
  - C. The grantee conducts public record jail/prison searches online.
  - D. The grantee entered unofficial data (through word of mouth or from participants who reported the incident).
  - E. The grantee does not have access to official justice information.
  - F. Other (Please specify)
- 

55. How was the information obtained for ex-offenders who had a **revocation** of the terms of supervised release? *Select the best option that describes how the information was obtained.*

- A. The grantee is a criminal justice agency such as the department of corrections, probation, or parole and has access to this information.
  - B. The grantee has a Memorandum of Understanding (MOU), a Memorandum of Agreement (MOA), or a linkage agreement with a correctional agency that has access to this information.
  - C. The grantee conducts public record jail/prison searches online.
  - D. The grantee entered unofficial data (through word of mouth or from participants who reported the incident).
  - E. The grantee does not have access to official justice information.
  - F. Other (Please specify)
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56. How was the information obtained for those ex-offenders who were **reincarcerated based on a new sentence**? *Select the best option that describes how the information was obtained.*

- A. The grantee is a criminal justice agency such as the department of corrections, probation, or parole and has access to this information.
  - B. The grantee has a Memorandum of Understanding (MOU), a Memorandum of Agreement (MOA), or a linkage agreement with a correctional agency that has access to this information.
  - C. The grantee conducts public record jail/prison searches online.
  - D. The grantee entered unofficial data (through word of mouth or from participants who reported the incident).
  - E. The grantee does not have access to official justice information.
  - F. Other (Please specify)
-

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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 5,000 characters for each of your responses.

1. What were your accomplishments within this reporting period?

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2. What goals were accomplished, as they relate to your grant application?

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3. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

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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)

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6. What major activities are planned for the next 6 months?

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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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**THANK YOU FOR PARTICIPATING!**