

# Attachment NN RSAT Performance Measurement Evaluation Form Version 2

## Quarterly RSAT Performance Measurement Form

Grant Number & Reporting Period: \_\_\_\_\_

Please answer each question to the best of your ability. If the questions do not apply, please enter N/A. Please submit this as an attachment to your quarterly performance measures report. If you would like this form electronically, please send a request to Laurie Rajala, program manager at [LRajala@goccp.state.md.us](mailto:LRajala@goccp.state.md.us)

### Qualitative Questions:

- What were your accomplishments within this reporting period?
- What goals were accomplished, as they relate to your grant application?
- What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?
- Is there any assistance that BJA can provide to address any problems/barriers identified in question #3 above?
- 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)
- What major activities are planned for the next 6 months?
- Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with GOCCP?

### Program Characteristics:

4. Does your RSAT program use evidence-based treatment services? If yes, please describe the evidence-based treatment services.

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.*

5a. Of those reported, how many are paid for at least partially using BJA program funds, including matching funds?

### Aftercare:

31. 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.
32. Please name the risk assessment instrument(s) that is used to assess risk/need.
33. 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.
34. 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.
35. Please enter the total number of aftercare participants who are enrolled in the RSAT program as of the last day of the reporting period.
36. Please enter the number of NEW aftercare participants admitted during the reporting period.
37. 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.
38. 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:
- Substance abuse and treatment services
  - Cognitive and behavioral services (including interventions that address criminal thinking and antisocial behavior)
  - Employment services
  - Housing services
  - Mental health services
  - Other services
39. Please enter the number of participants who successfully completed all requirements of the aftercare portion of your RSAT program during the reporting period.
40. Please enter the number of individuals who did not complete the aftercare portion of the RSAT program for the categories below.
- Number of participants no longer in the program due to failure to meet program requirements
  - Number of participants no longer in the program due to court or criminal involvement (technical violation, arrest, conviction, revocation, reincarceration)
  - Number of participants no longer in the program due to voluntary drop out
  - Number of participants no longer in the program due to absconding
  - Number of participants no longer in the program due to relocating or case transfer
  - Number of participants no longer in the program due to death or serious illness
  - Number of participants who did not complete the program for other reasons. Please specify
41. Of those aftercare participants who left the RSAT program successfully, please enter the number who completed the program during the following timeframes.

- 0 to 3 months
- 4 to 6 months
- 7 to 9 months
- 10 months or more

42. 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.

- 0 to 3 months
- 4 to 6 months
- 7 to 9 months
- 10 months or more

43. Please enter the number of participants who were administered an alcohol/drug test before admission into your aftercare program.

44. 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.

45. 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.

46. 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 aftercare program and are still under supervision of the program.

46a. Of that number, how many tested positive for alcohol or illegal substances following program completion?

47. During the reporting period, did you serve or provide direct services to a nonincarcerated population of program participants?

48. How many total program participants have any type of health care coverage during the reporting period? *Health care coverage is defined as both private health insurance and government health benefits. Examples of private health insurance include employment-based health insurance, self-employment-based health insurance, and direct-purchase health insurance (self-insured coverage).*

48a. Number of program participants enrolled in Medicaid. It is important to note the distinction between Medicaid and Medicare. **DO NOT INCLUDE MEDICARE IN THIS COUNT.**

49. How many NEW program participants have any type of health care coverage during the reporting period? *For this question, only count participants who are new to the program during this reporting period. New participants are those who began participating in the program for the first time during the reporting period.*

49a. Number of NEW program participants enrolled in Medicaid. It is important to note the distinction between Medicaid and Medicare. **DO NOT INCLUDE MEDICARE IN THIS COUNT.**

50. Please list the facilities and/or providers of mental health, substance abuse, and primary care services AVAILABLE to your program participants during the reporting period. *After the first reporting period, your*

*responses will be carried over from one quarter to the next. Please review the list of facilities and/or providers, update as necessary with any new facilities/providers, and remove those that you no longer receive services from.*

50a. During the reporting period, did you serve or provide direct services to a nonincarcerated population of program participants?

51. During the reporting period, was access to treatment and other community-based health services (including mental health services, substance abuse treatment, and well visits) expanded through NEW health care and treatment providers?

52. If yes, please enter the number of facilities and/or providers of mental health, substance abuse, and primary care services that were NEWLY AVAILABLE to your program participants during the reporting period. Please do not count new facilities/providers that have been reported in a previous reporting period.

- Mental Health
- Substance Abuse
- Primary Care