

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

CORRECTIONS MODULE

This module asks questions of grantees and subgrantees that use JAG funding for corrections-related **services** or **programs**. This includes any expenditure of funds for corrections activities, including salaries, equipment, or programs.

NOTE: You must answer the following questions for **each** JAG-funded corrections program that was operational during the reporting period.

General Agency Information—All Corrections Grantees and Subgrantees Must Answer

1. How would you best describe your facility? *Check all that apply.*
 - A. ____ Adult jail
 - B. ____ Adult prison
 - C. ____ Juvenile detention center
 - D. ____ Other **(please describe)**

2. Who does your facility house? *Check all that apply.*
 - A. ____ Adult males
 - B. ____ Adult females
 - C. ____ Juvenile males
 - D. ____ Juvenile females
 - E. ____ Other **(please describe)**

3. How many employees did your office/facility have on staff *as of the last day of the reporting period*? If the award benefits more than one facility, please report the combined number of staff. *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

	Total personnel	Of total, number who are JAG funded
Supervision employees (correctional officers)		
Nonsupervision employees		
	Autosum	Autosum

4. What is the operational (or rated) capacity of your correctional facility(ies)? *If the award benefits more than one facility, please report the combined capacity.*
 - A. Enter number ____

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5. How many people were housed at your facility as of the last day of the reporting period, regardless of JAG funding? *If the award benefits more than one facility, please report the combined inmate/resident population.*
- A. Enter number _____
6. Are you using JAG funds to support Prison Rape Elimination Act compliance?
- A. Yes/No
7. Which of the following assessments or screenings does your agency typically conduct? *Select all that apply.*
- A. _____ Risk/needs assessment
- B. _____ Mental health screening
- C. _____ Substance abuse screening
- D. _____ Trauma screening
- E. _____ Physical health assessment
- F. _____ Intellectual disabilities assessment
- G. _____ Other **(please describe)**
- H. _____ We do not typically conduct any assessments/screenings **(skip next question)**
8. When are candidates typically assessed/screened for the above? *Select all that apply.*
- A. _____ Upon arrest/preadjudication
- B. _____ Within the first 6 weeks of sentencing
- C. _____ Within the first 6 months of sentence/time served
- D. _____ Post-release
- E. _____ Other **(please describe)**
9. During the reporting period, did you have a specific corrections program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
- A. Yes **(please continue)**
- B. No **(if No, this ends this module)**

Corrections Programs—Grantees and Subgrantees Funding a Corrections Program Must Answer

10. Was this program operational during the reporting period? *A program is considered operational when the grantee has obligated, expended, or drawn down grant funds to implement or execute the program's objectives.*
- A. Yes/No
- B. If No, please explain _____

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11. Please complete the following table with the percentage of your program’s funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program’s budget for the fiscal year. *“This JAG award” refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter “100” for “This JAG award.” You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for “This JAG award,” take the amount of this JAG award’s funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, “This JAG award” equals 15,000/50,000, or 30 percent.

To calculate the amount for “All other sources,” divide the remaining funds by the total budget. In the above example, this would be 35,000/50,000, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

12. What is the name of the facility(ies) where the program is operating? *If this is a state-wide initiative, please write “state wide.”*

A. Name _____

13. What is the name of this program?

A. Name _____

14. What was the initiation year of this program, regardless of when it received JAG funding?

A. Year _____

15. Please describe the population this program serves (e.g., violent offenders, sex offenders, drug offenders).

16. Are you or a partner conducting an evaluation of the program?

A. Yes/No

B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

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17. Did the program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? *A list of TTA providers can be found at <https://www.bjatrainig.org>. Report additional TTA contacts in the "Project Progress" module.*

A. Yes/No

B. If Yes, please provide the name of the TTA provider _____

C. If Yes, how satisfied were you with the services provided?

Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied

18. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Utilized an assessment tool that measures the risks and needs of participants	<input checked="" type="radio"/>	<input type="radio"/>				
Tailored responses/case planning based on the risk, needs, and responsivity principles	<input checked="" type="radio"/>	<input type="radio"/>				
Encouraged the use of positive reinforcement	<input checked="" type="radio"/>	<input type="radio"/>				
Engaged community and family support for inmates/detainees	<input checked="" type="radio"/>	<input type="radio"/>				
Provided reentry planning services for inmates nearing release	<input checked="" type="radio"/>	<input type="radio"/>				
Offered alternatives to segregation	<input checked="" type="radio"/>	<input type="radio"/>				
Provided group instruction	<input checked="" type="radio"/>	<input type="radio"/>				
Provided treatment to address criminal thinking	<input checked="" type="radio"/>	<input type="radio"/>				
Provided behavioral health treatment	<input checked="" type="radio"/>	<input type="radio"/>				
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>				
Conducted analysis to better understand a problem or program progress or to inform decisionmaking	<input checked="" type="radio"/>	<input type="radio"/>				
Other	<input checked="" type="radio"/>	<input type="radio"/>				
If Other, please explain						

19. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No **(If No, skip next question)**

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20. How would you rate the following partners based on this statement: “This partner is actively involved in the program.” *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	N/A	1	2	3	4	5
<i>This partner is actively involved in the program</i>	N/A					
State leadership (e.g., governor’s office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor’s office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney’s Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

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Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>				
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>				
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>				
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>				
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>				
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>				
Businesses	<input checked="" type="radio"/>	<input type="radio"/>				
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>				
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>				

21. What is the capacity of your program? *This is the maximum number of participants your program can accommodate at any given time.*

A. Enter number _____

22. What is the policy, practice, or standard operating procedure covering how people get off the waiting list and enter into the program?

23. What corrections and/or reentry services did your program provide or refer participants to during the reporting period? *Select all that apply.*

- A. ____ Cognitive based. *These include therapeutic programs used to change criminal thinking and behavior. Examples include moral reconnection therapy, Think for a Change, or aggression-replacement training.*
- B. ____ Educational. *These services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.*
- C. ____ Employment. *These services are designed to help participants find and obtain suitable job opportunities.*
- D. ____ Health care/Medicaid eligibility. *These services are designed to help individuals or families find, obtain, or retain health care.*
- E. ____ Housing. *These services are designed to help individuals or families find, obtain, or retain suitable housing, including transitional housing.*
- F. ____ Mental health. *These services are provided in correctional facilities or in the community for those participants under supervision and may include counseling programs or group self-help programs.*
- G. ____ Pro-social. *These services utilize directed skill building to help participants interact in a positive way with others.*
- H. ____ Substance use disorder. *These services include substance use disorder education, treatment, or aftercare.*

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- I. ____ Transportation. *These services include assistance with public transportation costs or help in finding other reliable transportation.*
- J. ____ Vocational. *These services help participants learn a trade and enhance their job opportunities.*
- K. ____ Individualized case planning. *These services include helping participants set goals, objectives, and conditions for reentering into society.*
- L. ____ Family engagement. *These services focus on involving family members in the treatment process to help provide support and encouragement.*
- M. ____ Other **(please describe)**

24. How many staff members are involved in the program?

- A. Total staff ____
- B. Of total, number of JAG-funded staff ____

25. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Institutional violations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing services (e.g., education/GED, drug services, job training)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of people who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of inmate grievances filed regarding officer use of force	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of inmate grievances filed regarding treatment by other inmates	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of inmate grievances filed regarding health care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of reported cases of sexual abuse (e.g., inmate on inmate, staff on inmate, inmate on staff)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of substantiated cases of sexual abuse (e.g., inmate on inmate, staff on inmate, inmate on staff)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Number of reported cases of correctional officer use of force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

26. Please fill out the following table with the number of people who received correctional services **during the reporting period, regardless of JAG funding.**

Item	Number	Prorated total
As of the last day of the reporting period, TOTAL number of participants enrolled in the program <i>Enrolled participants include new admissions (i.e., newly admitted) and those previously admitted in a reporting period and who continue to participate.</i>		autocalc
Participants screened for eligibility for entry into the program <i>A screening determines the appropriateness for participation in a program.</i>		autocalc
NEW participants who received services for the first time <i>New participants are unique individuals who were not enrolled in the program in previous reporting periods. Individuals who exit the program without completion and are readmitted or who have graduated and reentered may be counted again.</i>		autocalc
Participants who successfully completed all program requirements <i>The number entered should represent only those participants who successfully completed all the requirements of the program during the reporting period.</i>		autocalc
Participants who did not complete the program (unsuccessfully exited) for any reason <i>Unsuccessful exits include, but are not limited to, participant's death or serious injury, termination for new charge(s), relocation, voluntary drop out, and technical violation(s)/failure to complete requirements.</i>		autocalc

If you have another corrections program, please repeat these measures for that program.

THIS COMPLETES THE CORRECTIONS MODULE