

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

**REENTRY MODULE**

This module asks questions of grantees and subgrantees that use JAG funding for reentry **services or programs** that are post release and **not operated by a correctional agency**. This includes any expenditure of funds for reentry activities, including salaries, equipment, or programming.

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

1. How many employees did your office have on staff as of the last day of the reporting period? *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.*
  - A. Total staff \_\_\_\_\_
  - B. Of total, number of JAG-funded staff \_\_\_\_\_
  
2. 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	
<b>Total</b>	100%

3. What is the name of this program/service?
  - A. Name \_\_\_\_\_
  
4. What was the initiation year of this program/service, regardless of when it received JAG funding?
  - A. Year \_\_\_\_\_

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5. Are you or a partner conducting an evaluation of this program/service?  
 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. \_\_\_\_\_
6. Did the program/service 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.bjatrain.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
7. 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)**
8. 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	1	2	3	4	5
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"/>

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Public defense	<input checked="" type="radio"/>	<input type="radio"/>				
Courts	<input checked="" type="radio"/>	<input type="radio"/>				
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>				
Corrections	<input checked="" type="radio"/>	<input type="radio"/>				
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>				
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>				
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>				
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>				
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>				
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>				
Lived experience mentors <sup>1</sup>	<input checked="" type="radio"/>	<input type="radio"/>				
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"/>				

9. How often did your program/service conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
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 decision making in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>				
Other	<input checked="" type="radio"/>	<input type="radio"/>				
If Other, please explain						

<sup>1</sup> 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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10. What reentry services did your program provide or refer participants to during the reporting period? *Select all that apply.*
- A. \_\_\_\_ Cognitive based. *These services include therapeutic programs used to change criminal thinking and behavior, such as 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 people 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 use 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.*
  - 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 help participants set goals, objectives, and conditions for reentering 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)**

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11. 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/service. 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"/>
Technical violations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing services (e.g., education/GED, drug treatment, 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"/>
Positive (i.e., failed) drug/alcohol tests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

12. When are candidates for your program typically screened for eligibility for reentry services? *Check all that apply.*
- A. \_\_\_\_ Upon arrest/preadjudication
  - B. \_\_\_\_ Within first 6 weeks of sentencing
  - C. \_\_\_\_ Within the last 6 months of sentence/time served
  - D. \_\_\_\_ Post-release
  - E. \_\_\_\_ Other **(please specify)**
  - F. \_\_\_\_ Unknown (e.g., candidates screened before becoming involved with this agency)

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13. Please fill out the following table with the number of people who were screened or received reentry services during the reporting period, regardless of JAG funding.

Item	Number	Prorated total
Participants screened for eligibility for entry into the program during the reporting period <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 may be counted again.</i>		autocalc
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 successfully completing all program requirements <i>The number entered should represent only those participants who successfully completed all 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, case transfer, absconding, voluntary drop out, and technical violation(s)/failure to complete requirements.</i>		autocalc

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

**THIS COMPLETES THE REENTRY MODULE**