



07 - JAG Corrections Questionnaire

(Single Award of \$25,000 or more)

Recipient:

Award Number:

Reporting Period:

Completed By:

Date:

INSTRUCTIONS

The following pages outline the performance achievements for recipients of a single award of \$25,000 or more under the **JAG Corrections Program Area**. The data collected from this form is used by OCJG members to report performance data in BJA's Performance Management Tool (PMT) system, as required by the state's federal JAG award.

**FAILURE TO SUBMIT THE APPROPRIATE PERFORMANCE QUESTIONNAIRE(S) BY
YOUR AGENCY'S REPORTING DEADLINE WILL RESULT IN THE WITHHOLDING OF
FUNDS ON YOUR AWARD.**

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

GENERAL AGENCY INFORMATION

This section collects information on the state of your award and your organization in general. It should be completed by all recipients for EACH reporting period the award is active.

1. How would you best describe your facility? Select all that apply.

Adult jail

Adult prison

Juvenile detention center

Other (please describe):

2. Who does your facility house? Select all that apply.

Adult males

Adult females

Juvenile males

Juvenile females

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.



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Type of Employee	Total Personnel	Total Jag-Funded
Supervision employees (correctional officers)		
Non-supervision employees		
Total		

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.
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.
6. Are you using JAG funds to support Prison Rape Elimination Act compliance?
7. Does your agency conduct any of the following assessments or screenings? Select all that apply.

No, we do not conduct these (skip to question 9)

Risk/needs assessment

Mental health screening

Substance abuse screening

Trauma screening

Physical health assessment

Intellectual disabilities assessment

Other (describe):

8. When are candidates typically assessed/screened for the above? Select all that apply.

Upon arrest/pre-adjudication

Within the first 6 weeks of sentencing

Within the first 6 months of sentence/time served

Post-release

Other (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. If No, this form is complete.



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PROGRAMS

10. Was this program operational during the reporting period? If No, please explain:

11. Please complete the following 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.

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	%

12. What is the name of the facility(ies) where the program is operating?
If this is a statewide initiative, please write "statewide."

13. What is the name of your correctional program?

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

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



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

If Yes, please describe the 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.

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://bja.ojp.gov/training-technical-assistance>.

If Yes, please provide the name of the TTA provider:

If Yes, how satisfied were you with the services provided:

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

Utilized an assessment tool that measures the risks and needs of participants

Tailored responses/case planning based on the risk, needs, and responsivity principles

Encouraged the use of positive reinforcement

Engaged community and family support for inmates/detainees

Provided reentry planning services for inmates nearing release

Offered alternatives to segregation

Provided group instruction

Provided treatment to address criminal thinking

Provided behavioral health treatment

Tracked activity, progress, or performance using a database or spreadsheet

Conducted analysis to better understand a problem or program progress or to inform decision making

Other (describe):

19. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs? If no, skip to question 21.

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: 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, or 5-Strongly Agree).



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State leadership (e.g., governor's office)
Tribal leadership
Local leadership (e.g., mayor's office)
Federal law enforcement agencies
State law enforcement agencies
Local law enforcement agencies
Victim services
Pretrial service organizations
U.S. Attorney's Office
Prosecution
Public defense
Courts
Community corrections (probation/parole)
Corrections
Health care providers
Mental health care providers
Substance use disorder treatment providers
Child protective services
Community-based service providers (e.g., housing, employment)
Community groups (e.g., neighborhood watch, community center)
Lived experience mentors
Faith-based organizations
Subject-matter experts
Foundations/philanthropic organizations
Researcher, evaluator, or statistical analysis center
Training and technical assistance providers
Tribal criminal justice agencies
Businesses
K-12 schools
Public services (e.g., trash collection, public works)
Other (describe):

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



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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.

Cognitive based: These include therapeutic programs used to change criminal thinking and behavior. Examples include moral reconnection therapy, Thinking for a Change, and aggression-replacement training

Educational: These services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.

Employment: These services are designed to help individuals find and obtain suitable job opportunities.

Health care/Medicaid eligibility: These services are designed to help individuals or families find, obtain, or retain health care.

Housing: These services are designed to help individuals or families find, obtain, or retain suitable housing. Transitional housing can also be included in these services.

Mental health: These services are provided in correctional facilities or in the community for those people under supervision. Services may include counseling programs or group self-help programs.

Pro-social: These services utilize directed skill building to help people interact in a positive way with others.

Substance use disorder: These services include substance use disorder education, treatment, or aftercare.

Transportation: These services include assistance with public transportation costs or help in finding other reliable transportation.

Vocational: These services help participants learn a trade and enhance their job opportunities.

Individualized case planning: These services include helping participants set goals, objectives, and conditions for reentering into society.

Family engagement: These services focus on involving family members in the treatment process to help provide support and encouragement.

Other (describe):



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

Total Number of Staff

Total Number of JAG-Funded Staff

25. For the following metrics tracked 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".

Recidivism

Institutional violations

Completing services (e.g., education/GED, drug services, job training)

Number of people who received direct services

Client satisfaction with services

Number of inmate grievances filed regarding officer use of force

Number of inmate grievances filed regarding treatment by other inmates

Number of inmate grievances filed regarding health care

Number of reported cases of sexual abuse (e.g., inmate on inmate, staff on inmate, inmate on staff)

Number of substantiated cases of sexual abuse (e.g., inmate on inmate, staff on inmate, inmate on staff)

Number of reported cases of correctional officer use of force

Other (describe):

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
As of the last day of the reporting period, TOTAL number of participants enrolled in the program (New admissions and current participants)	
Participants screened for eligibility for entry into the program during the reporting period	



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NEW participants who received services for the first time during the reporting period

Participants who successfully completed all program requirements during the reporting period

Participants who did not complete the program (unsuccessfully exited) for any reason during the reporting period



This completes your “Over \$25K” questionnaire reporting requirements. Please ensure you have also completed the JAG General Performance Questionnaire.