



## 08 - JAG Community 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 Community 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. What is your community corrections agency's jurisdiction(s)?
2. How many supervisees did your agency have under supervision as of the last day of the reporting period, regardless of JAG funding?
3. 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.

Type of Employee	Total Personnel	Total Jag-Funded
Supervision employees (probation/parole officers)		
Non-supervision employees		
<b>Total</b>		

4. During the reporting period, did you have a specific public defense 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

5. Was this program operational during the reporting period? If no, please explain:

6. 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	%
<b>Total</b>	%

7. What is the name of this program?

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

9. 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.

10. 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:



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11. What is the target population for your program? Select all that apply.

All adult community supervisees

All juvenile community supervisees

Subset of adult community supervisees (e.g., high-rate offenders, gang members)

Subset of juvenile community supervisees (e.g., high-rate offenders, gang members)

Other (describe):

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

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 in regard to your program/service

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

Engaged community and family support for participants

Used a validated screening and assessment tool to determine a participant's risk of reoffending

Used a validated screening and assessment tool to determine participant needs

Used graduated sanctions and incentives

Held victim/offender dialogue meetings (restorative justice)

Provided drug and alcohol testing

Other (describe):

13. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs? If no, go to question 15.

14. 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).

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



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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:)

15. What community corrections services did your program provide or refer participants to during the reporting period? Check 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.



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**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:)**

16. How many staff members are involved in this program? 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 Number of Staff**

**Total Number of JAG-Funded Staff**

17. 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

Technical violations

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

Number of people who received direct services



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Client satisfaction with services  
Positive (i.e., failed) drug/alcohol tests  
Other metrics (describe):

18. When are candidates typically screened for eligibility for services, regardless of JAG funding? Select all that apply.

Upon arrest/pre-adjudication  
Within the first 6 weeks of sentencing  
Within the last 6 months of sentence/time served  
Post-release  
Unknown (e.g., candidates screened before becoming involved with this agency)  
Other (describe):

19. Please fill out the following table with the number of people who were screened or received community corrections services during the reporting period regardless of JAG funding.

Item	Number
Participants screened for eligibility for entry into the program during the reporting period	
NEW participants who received services for the first time during the reporting period	
As of the last day of the reporting period, TOTAL number of participants enrolled in the program (New admissions and current participants)	
Participants successfully completing 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 Community Corrections “Over \$25K” questionnaire reporting requirements. Please ensure you have also completed the JAG General Performance Questionnaire and the 10 – JAG Behavioral Health Questionnaire.**