

BUREAU OF JUSTICE ASSISTANCE PROGRAM PERFORMANCE MEASURES FOR JUSTICE ASSISTANCE GRANT (JAG) PROGRAMS

In the following pages, you will find the program performance measures for the Bureau of Justice Assistance (BJA) Justice Assistance Grant (JAG) Programs. The performance measures are shown by activity type and are applicable for most purpose areas.

When you enter your data in the Performance Measurement Tool (PMT), begin by selecting the purpose area that best describes the purpose or program area of your organization. Then select all activity types for that purpose area for which grant funds will be used. For example, let's say your purpose is law enforcement and in your BJA-approved grant application you proposed to create new positions, maintain a few positions, and purchase equipment. You will first select the purpose area Law Enforcement, and then the activity types Personnel and Equipment/Supplies.

You are required to select and report on all performance measures that pertain to funded activities. There is an N/A option that you should use **ONLY** if that measure is not applicable to your activities. If you carry out this activity but do not have data to report for the reporting period, zero (0) is an acceptable value to report.

The reporting for the JAG performance measures are presented in two formats—numerical data and narrative information. For the JAG, the numerical data are reported on a quarterly schedule in the PMT. Both programs are required to report the narrative information once a year for the previous 12 months of activity (October 1 through September 30). The narrative information is reported during the July–September reporting period and **only at the Grantee level. Subrecipients will not report narrative information in the PMT.**

For BJA GRANTEES Only: In addition to reporting data in the PMT, you must create a report from the data entered—the *GMS (Grants Management System) report*. The PMT will guide you in creating this report, which must be submitted annually in the GMS by November 29 for JAG grantees. You are encouraged to create a report for your records after each quarterly reporting period.

For questions about the PMT or performance measures, please call the BJA Performance Tools Help Desk at 1-888-252-6867, or send an e-mail to BJAPMT@csrincorporated.com.

**BUREAU OF JUSTICE ASSISTANCE
PROGRAM PERFORMANCE MEASURES FOR
JUSTICE ASSISTANCE GRANT (JAG) PROGRAMS**

BACKGROUND QUESTIONS

1. Was there **grant activity** during the reporting period?

2. What is the **implementing organization** type? *Check all that apply.*
 - A. Nonprofit organization
 - B. Tribal government
 - C. State agency
 - D. Unit of local government
 - E. Fiscal agent

3. Is the implementing organization **community based**? *BJA defines community-based programs as neighborhoods or organizations that are representative of communities or significant segments of communities. A community-based organization can also be faith based.*
 - A. Yes
 - B. No

4. What is the **total program cost** funded with the JAG grant? *A program cost is the approximate total dollar amount the JAG program plans to spend to achieve the desired outcomes and objectives.*
 - A. Please report in dollars (\$). _____

5. Please select all relevant purpose areas. *Check all that apply.*
 - A. Law Enforcement
 - B. Prosecution and Court
 - C. Prevention and Education
 - D. Corrections and Community Corrections
 - E. Drug Treatment and Enforcement
 - F. Planning, Evaluation, and Technology Improvement
 - G. Crime Victim and Witness Protection

**BUREAU OF JUSTICE ASSISTANCE
PROGRAM PERFORMANCE MEASURES FOR
JUSTICE ASSISTANCE GRANT (JAG) PROGRAMS**

5. DRUG TREATMENT AND ENFORCEMENT

The Drug Treatment and Enforcement purpose area includes inpatient and outpatient services delivered.

Please indicate which of the following areas you have information to report on. *Check all that apply. Listed below are the preselected activity areas for this Purpose Area. If you have additional activities to report under this Purpose Area, you will have the option of reporting on those activities in the PMT (i.e., personnel, equipment purchases, technology, and training).*

____ Drug Treatment and Enforcement: *includes clinical assessment, residential, day/night treatment with community, outpatient group, outpatient individual, intensive outpatient, outpatient detoxification, addiction receiving facility, substance abuse detoxification (residential), in-home counseling, and aftercare.*

____ Accomplishments: *includes any accomplishments during the reporting period.*

A. Drug Treatment and Enforcement

6. How much **JAG funding** was used to provide drug treatment and enforcement services during this reporting period? *Please report in dollars (\$).* _____
7. Has your **program admitted** any participants during this reporting period?
A. Yes
B. No
8. Please enter the number of **new participants** admitted during the reporting period.

9. How many programs **implement** an evidence-based program or practice? *Evidence-based programs and practices are those demonstrated by the research literature to be effective at reducing substance use (generally obtained through one or more outcome evaluations).* _____

**BUREAU OF JUSTICE ASSISTANCE
PROGRAM PERFORMANCE MEASURES FOR
JUSTICE ASSISTANCE GRANT (JAG) PROGRAMS**

10. Were **JAG funds** used to provide inpatient services during the reporting period? *Services received should be based on actual attendance of participants in mandated activities.*
- A. Yes _____
 - B. No _____
 - C. If yes, please enter the **number of days** of inpatient services drug court participants received during the reporting period. _____
To calculate this number, determine the number of inpatient service days that each participant received. Then add the number of days for each participant together to determine the total number of days delivered. Include any participant who has received inpatient services during the reporting period, regardless of whether that person has completed the program, exited without completion, or is currently enrolled.
11. Were **JAG funds** used to provide outpatient services during the reporting period? *Services received should be based on actual attendance of participants in mandated activities.*
- A. Yes _____
 - B. No _____
 - C. If yes, please enter the **number of sessions** for outpatient services drug court participants received during the reporting period. _____
To calculate this number, determine the number of outpatient service sessions that each participant received. Then add the number of sessions for each participant together to determine the total number of sessions delivered. Include any participant who has received outpatient services during the reporting period, regardless of whether that person has completed the program, exited without completion, or is currently enrolled.
12. Of those enrolled in the **substance abuse treatment program** at least 90 days, please enter the number of participants who tested positive for the presence of alcohol or illegal substances during the reporting period.
- A. Number of participants who were tested for the presence of alcohol or illegal substances during the reporting period _____
 - B. Number of participants who tested positive for the presence of alcohol or illegal substances during the reporting period _____
13. Please enter the **number of substance abuse treatment participants** who successfully completed all program requirements during the reporting period. *The number entered should represent only those participants who successfully completed all the requirements of the program during the reporting period.* _____

**BUREAU OF JUSTICE ASSISTANCE
PROGRAM PERFORMANCE MEASURES FOR
JUSTICE ASSISTANCE GRANT (JAG) PROGRAMS**

14. Please enter the **number of participants** who unsuccessfully completed the program during this reporting period. *The number entered should represent only those who failed to successfully complete the program for voluntary reasons (e.g., arrests, program violation, etc.).* _____
15. Were your **JAG program funds** used to expand services during the reporting period?
- A. Yes ____
 - B. No ____
 - C. If yes, please choose the type of services added based on the following:
 - 1. ____ Service providers
 - 2. ____ Slots
 - 3. ____ Enhancing of capacity
 - 4. ____ Inpatient services
 - 5. ____ Outpatient services
 - 6. ____ Recovery support
 - 7. ____ Drug treatment services
16. What **types of task forces** did the program provide with JAG funds? *Check all that apply.*
- A. ____ Drug Task Force
 - B. ____ Multijurisdictional Task Force
 - C. ____ Drug and Violent Crime Task Force
 - D. ____ Other _____
17. How many **new investigations/cases** were initiated? _____
18. How many **cases/investigations** were closed during the reporting period? _____

**BUREAU OF JUSTICE ASSISTANCE
PROGRAM PERFORMANCE MEASURES FOR
JUSTICE ASSISTANCE GRANT (JAG) PROGRAMS**

19. What were the **total drug amounts** seized during the reporting period? Please report the amount seized for each type of drug. *For example, please indicate tablets, grams, or kilograms.*

- A. _____ Heroin
- B. _____ Cocaine (powder)
- C. _____ Cocaine (crack)
- D. _____ Marijuana (commercial grade, hydroponic, or synthetic/spice)
- E. _____ Methamphetamine
- F. _____ Methamphetamine (ice)
- G. _____ Ecstasy (MDMA)
- H. _____ Prescription pills (examples: Xanax, OxyContin [oxycodone], Vicodin or Lortab [acetaminophen and hydrocodone], etc.)
- I. _____ Psilocybin
- J. _____ Pseudoephedrine
- K. _____ Steroids
- L. _____ Salvia
- M. _____ Other _____

20. What were the **total drug amounts** seized from clandestine drug labs during the reporting period? Please report the amount seized for each type of drug. *For example, please indicate tablets, grams, or kilograms. Report on this only if you have a drug task force.*

- A. _____ Heroin
- B. _____ Cocaine (powder)
- C. _____ Cocaine (crack)
- D. _____ Marijuana (commercial grade, hydroponic, or synthetic/spice)
- E. _____ Methamphetamine
- F. _____ Methamphetamine (ice)
- G. _____ Ecstasy (MDMA)
- H. _____ Prescription pills (examples: Xanax, OxyContin [oxycodone], Vicodin or Lortab [acetaminophen and hydrocodone], etc.)
- I. _____ Psilocybin
- J. _____ Pseudoephedrine
- K. _____ Steroids
- L. _____ Salvia
- M. _____ Other

**BUREAU OF JUSTICE ASSISTANCE
PROGRAM PERFORMANCE MEASURES FOR
JUSTICE ASSISTANCE GRANT (JAG) PROGRAMS**

B. Accomplishments

21. For the Drug Treatment and Enforcement purpose area, please describe any of your program's accomplishments during the reporting period.

DRAFT

**BUREAU OF JUSTICE ASSISTANCE
PROGRAM PERFORMANCE MEASURES FOR
JUSTICE ASSISTANCE GRANT (JAG) PROGRAMS**

NARRATIVE QUESTIONS

1. What were your **accomplishments** within this reporting period?

2. What goals were **accomplished**, as they relate to your grant application?

3. What **problems/barriers** did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

DRAFT

**BUREAU OF JUSTICE ASSISTANCE
PROGRAM PERFORMANCE MEASURES FOR
JUSTICE ASSISTANCE GRANT (JAG) PROGRAMS**

4. Is there any **assistance** that BJA can provide to address any problems/barriers identified in question 115?
- A. Yes (Please explain)
 - B. No (Please go to question 117)

5. Are you **on track** to fiscally and programmatically complete your program as outlined in your grant application?
- A. Yes (Please go to question 118)
 - B. No (Please explain)

6. What **major activities** are planned for the next 6 months?

7. Based on your knowledge of the criminal justice field, are there any **innovative programs/accomplishments** that you would like to share with BJA?

THANK YOU FOR PARTICIPATING!