FY 2026
Annual Evaluation Plan
U.S. Department of Justice

Introduction

The [Foundations for Evidence-Based Policymaking Act of 2018 (Evidence Act),](#) signed into law on January 14, 2019, emphasizes the importance of evaluation and requires agencies to undertake a number of activities to build and use evidence, including producing an Annual Evaluation Plan. As affirmed in the [DOJ Evaluation Policy](#), the Department is committed to conducting rigorous and relevant evaluations and to using evidence from those evaluations to inform decisions about programs and policies. This Annual Evaluation Plan for FY 2026 describes four significant evaluations that are aligned to leadership priorities and that will produce timely and actionable results.

Data Integration to Support the Investigation of Gun Crimes

Background

The National Institute of Justice (NIJ) is funding Northeastern University to evaluate New Jersey's Backtrace system, a system that combines ATF's National Integrated Ballistic Information Network (NIBIN) with information from the New Jersey Problem Oriented Policing (NJ POP) database to enhance crime gun investigations. The NJ POP database contains data from all fatal and non-fatal shootings in New Jersey's 564 municipalities and all statewide arrests. This allows police investigators and crime analysts to gain intelligence and identify case associations amongst active gun cases. This is the first evaluation of a statewide system that integrates NIBIN with other data. It will build on NIJ's prior intelligence-led policing (ILP) research and will consist of an analysis of 10 years (2015–2024) of Backtrace user login and search activity data to understand how New Jersey law enforcement personnel engage with crime gun intelligence.

Objectives

The evaluation has three key objectives: (1) to evaluate the impact of Backtrace on enhancing gun crime investigations or clearance rates (including identifying the impact of upgrades to the system); (2) to understand who uses Backtrace and examine the role that frequent users have on a jurisdiction's investigations; and (3) to examine what types of crime-gun intelligence are critical to close gun crime investigations. These objectives will be met in FY 2026 through the exploration of the following research questions:

- What are the different categories of Backtrace users, and what types of data do they use?
- How do the different categories of Backtrace users report incorporating intelligence data?
- How do high-frequency users tactically use Backtrace data to support priority strategies and interventions?
- What effect did Backtrace user upgrades have on user login activity and case clearance rates?
- What intelligence characteristics are significantly related to case clearance?

Design

Answering these questions will require a rigorous, mixed-method approach. First, Northeastern University will identify different types of users of the Backtrace system: "power users" (frequent Backtrace users), "specialized users" (those who use Backtrace for a specific type of data), and "browsers."[1] Then, the data will be linked with geographic and demographic data from the American Community Survey (ACS) and the Oak Ridge Laboratory Land Scan to account for other factors that are known to influence case clearances.

The research team will also administer an online survey to assess how investigations make use of the Backtrace system. Frequent users who complete the survey will be asked to participate in an interview to assess how they tactically incorporate Backtrace data into their day-to-day operations and in support of strategic initiatives. The research team will also identify upgrades that were made to the Backtrace system over time and measure any impact of these upgrades on use of the system and on case clearance.

Finally, to understand how Backtrace led to case clearances, open and closed shooting cases will be compared using statistical methods that account for municipality, numbers of open cases, characteristics of victims, and types of users.[2]

How Findings Will Inform Decision Making

Results will shed light on the costs and benefits of combining the ATF NIBIN system with state data systems to streamline and facilitate the use of crime gun intelligence in investigations. Pending evaluation outcomes, DOJ is exploring whether ATF NIBIN data can be effectively integrated into a state-wide criminal intelligence sharing system to improve investigation outcomes.

DOJ Criminal Division's Violent Crime Initiative

Background

The Criminal Division operates a violent crime initiative (VCI), which surges law enforcement tools and resources to target gangs and other violent groups that are threatening the safety and security of communities in cities across the nation. The Criminal Division assigns prosecutors from the Violent Crime and Racketeering Section (VCRS) —the nation's foremost experts in organized crime prosecutions under the Racketeer Influenced and Corrupt Organizations Act (RICO)—to investigate and to support the preparation of RICO indictments against violent gangs. They work alongside prosecutors from the U.S. Attorneys' Offices (USAOs), as well as dedicated investigative agents, analysts, and forensic experts from the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF),

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[1] This will be done through *k*-means clustering or group-based trajectory analysis.

[2] A quasi-experimental matching procedure, entropy balancing, will be used to match and compare closed shooting cases (treatment) to open cases (control).

Federal Bureau of Investigation (FBI), Drug Enforcement Administration (DEA), and other federal, state, and local law enforcement agencies. To date, the Criminal Division has launched the VCI in Houston, Memphis, St. Louis, Jackson, and Hartford. In FY 2026, the Criminal Division will continue to operate the VCI and will expand it to Miami to focus on Tren de Aragua members.

The Criminal Division's Office of Policy and Legislation (OPL) collects and analyzes data relating to the VCI. These data show, for example, that since the start of the VCI in Houston, the city has seen reductions of 9% in violent crime and 20% in homicides. In Memphis, official crime data showed decreases in counts of murders, robberies, and aggravated assaults after the VCI's launch there. OPL will continue to provide this type of data to VCI leadership in FY 2026. Additional research could attempt to isolate and measure the causal impact of the VCI by accounting for background trends in violent crime, other law enforcement efforts deployed concurrently with the VCI, and other factors.

Objectives

- To identify candidate cities for participation in the VCI
- To continuously monitor the violent crime trends in the cities—and individual neighborhoods—where the VCI is operating, to support ongoing decision making about when and where to allocate resources

Design

The Criminal Division uses several key indicators to identify candidate cities for the VCI. These indicators can include a city's murder rate, rates of other violent offenses such as robbery and aggravated assault, the presence of violent criminal organizations, and recidivism rates. When these indicators show a disproportionate amount of violent crime relative to other U.S. cities, the Criminal Division considers deploying the VCI. It is important to note that these statistical indicators are not the only basis on which decisions about the VCI are made. The Criminal Division also considers the presence of other investigative and prosecutorial resources in a city (for example, law enforcement task forces) and existing capacity for RICO prosecutions, in particular.

When the VCI is deployed in a city, OPL data analysts will establish data sharing agreements with the relevant local law enforcement agency to continuously monitor violent crime rates within the city and deliver quarterly reports to all agency partners while the VCI is operational. Analysts will also monitor the prevalence of calls for service made to law enforcement (*e.g.*, 911 calls); numbers and types of indictments brought by the Criminal Division and USAOs; and key elements of those cases, such as numbers of defendants, firearms seized, and drug seizures by type and amount.

How Findings Will Inform Decision Making

The approach of using data-informed, geographically specific key indicators of violence will help to optimize the Division's use of limited resources. To date, this project has provided evidence that the targeted intervention of detailing VCRS prosecutors to support the USAOs as force multipliers helps meet law enforcement and community needs in areas historically besieged by violent crime. By systematically monitoring and documenting changes to key indicators as the VCI continues and

expands, this analysis will create evidence that could help inform decisions about whether, when, and how to deploy VCI resources across the nation's cities.

The Electronic Sexual Assault Nurse Examiner (eSANE) Model

Background

According to the Office of Violence Against Women's *National Protocol for Sexual Assault Medical Forensic Examinations,* published in 2024, the sexual assault medical forensic examination (SAMFE) is "an examination conducted by a clinician on a patient who has experienced sexual assault. Ideally the clinician has specialized education and clinical experience in their medical evaluation and collection of samples for the sexual assault evidence collection kit. The examination includes obtaining the medical forensic history; a comprehensive examination; coordinating treatment of injuries; documentation of the complete examination; and collection of samples for the sexual assault evidence collection kit; information, treatment, and referrals for STIs, pregnancy prevention, suicidal ideation, alcohol and substance abuse, and other nonacute medical concerns; and follow-up as needed to provide additional healing, treatment, or collection of evidence."[3] There are many challenges in providing quality SAMFEs in hospitals that serve rural areas and tribal communities, including lack of certified Sexual Assault Nurse Examiners (SANEs) and challenges associated with costs and training.[4] This can lead to a lack of quality evidence for prosecutions, as well as inadequate post-assault care for victims of sexual assault. A potential solution is to offer SAMFEs via telehealth, often called eSANEs. [5]

This project will study the implementation of the eSANE model as adopted by Critical Access Hospitals (CAHs) in rural communities. It will study one of the largest eSANE programs currently operating in the United States: Avera Health's Telehealth Division's eSANE program in Sioux Falls, South Dakota. The program serves as a Hub for SANEs to provide quality SAMFEs via telehealth to 55 connected sites within the Avera Health system, or "Spoke Sites," in rural communities in five states across the Great Plains (Iowa, Minnesota, Nebraska, North Dakota, and South Dakota).

This study, which will be completed in FY 2026, is led by a research team from the University of South Dakota and the University of Illinois Chicago in partnership with hospital staff.

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[3] U.S. Department of Justice Office on Violence Against Women (2024). A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Third Edition. https://www.justice.gov/ovw/media/1367191/dl?inline
[4] Diamond-Welch, B., Jones, M., & Zimmer, B. (2023). Current Issues in Providing Sexual Assault Medical Forensic Exams in Rural Areas. in R.E. Lovell & J. Langhinrichsen-Rohling (Eds.), Sexual Assault Kits and Reporting the Response to Rape (pp. 235-250). Routledge; Haque, S.M., DeStafano, S., Banger, A., Rutledge, R., & Romaire, M. (2021). Factors Influencing Telehealth Implementation and Use in Frontier Critical Access Hospitals: Qualitative Study. JMIR Form Res, 5(5): e24118
[5] Miyamoto, S., & Downing, N.R. (2023). Leveraging Telehealth to Address Sexual Assault Nurse Examiner Access Disparities in Rural Communities. J Forensic Nurs, Online ahead of print. https://pubmed.ncbi.nlm.nih.gov/36917655/

This research is part of a broader three-phase project and will build on earlier research to document Spoke Sites' successes and challenges in implementing the eSANE model and the common and site-specific adaptations made to the eSANE model in response to challenges. Previously, researchers in Phase 1 engaged with CAH Hubs and in Phase 2 engaged the Spoke Sites directly conducting individual interviews and focus groups spoke site leads across all 55 Spoke Sites. The evaluation is funded through the Office on Violence Against Women (OVW) Research and Evaluation Initiative.

Objectives

The key objectives of this evaluation are to increase the academic knowledge base about the implementation of the eSANE model and key information that can inform policy and practice, expand the collective understanding of the eSANE model, and make recommendations and considerations for successful implementation of the eSANE model in different communities and legal contexts. The evaluation will employ a multiple case study approach and triangulate against recent focus groups and interview data to answer the following research questions:

- What are Spoke Sites' successes and challenges in implementing the telehealth eSANE model to serve rural communities?
- What are the common and Spoke Site-specific adaptations made to the telehealth eSANE model during implementation in response to new challenges and the needs of the patient population?
- What are Spoke Sites' hopes, concerns, and plans for sustainability?
- What are the recommendations and considerations for the successful implementation of eSANE in new settings and communities?

Design

In FY 2026, researchers will select three or four Spoke Sites to revisit, which will serve as case studies for more detailed interviews and focus groups. Using the findings from Phase 1 and Phase 2, the researchers will select three to four Spoke Sites based on their relative success in implementing the model, adaptations made to the model, sustainability plans, and a minimum 20 patient population. Specifically, they will select: (1) one site that has successfully implemented the model with fidelity (i.e., few or no adaptations); (2) one site that has successfully implemented the model with significant adaptations; and (3) one site that encountered significant challenges throughout implementation. If needed, they will select a fourth site. The research team will create individual reports for each of the selected Spoke Sites that provide a description of the Spoke Site, its context, and themes. The analysis of single Spoke Sites will be followed by a comparison across the selected Spoke Sites to assess common themes, and to answer the key research questions.

How Findings Will Inform Decision Making

By systematically documenting implementation challenges, adaptations, and sustainability strategies across the selected Spoke Sites, this project will provide important information about the eSANE model. This information will be combined with research from Phase 1 and Phase 2 to inform

guidance that can be used across the nation's more than 1,350 rural hospitals. [6] The Department of Justice will also make this study available for community partners to refer to as eSANEs are expanded across the nation to encourage the most effective formation and impactful implementation.

Federal Bureau of Prisons Reentry Programs

Background

The Federal Bureau of Prisons (BOP) facilitates reentry programs to assist incarcerated individuals in their transition out of prison. There are a variety of programs, including residential treatment programs for incarcerated women, faith-based programs that aim to ground incarcerated individuals in positive values and responsibility, and residential programs that offer psychological treatment. The First Step Act of 2018 requires that all evidence-based recidivism reduction (EBRR) reentry programs are evaluated.

There are twenty-four evaluations of EBRRs that are ongoing at this time.

In FY 2026, BOP anticipates findings being available for eight specific reentry programs:

- Female Integrated Treatment (FIT), a residential program for women including cognitive-behavioral and vocational interventions for trauma, substance use, and mental health;
- Foundation, a strengths-based reentry program available at all women's facilities;
- Skills, a residential CBT program for intellectually impaired individuals;
- STAGES, a residential program for individual with borderline personality disorder;
- Life Connections, a faith-based residential program focusing on reentry;
- Threshold, a non-residential faith-based reentry program;
- The Non-Residential Sex Offender Treatment Program; and
- Mental Health Step Down Program.

In FY 2026, data collected during preceding years for these eight programs will be analyzed and synthesized to generate final results. Seven of these evaluations have been initiated through the National Institute of Justice, and one is being completed by the research staff within BOP.

Objectives

These analyses will assess the programs' effectiveness in reducing recidivism in the long term, as well as in achieving shorter-term, program-specific outcomes, such as a reduction in mental health incidents or an improvement in literacy. These evaluations also include research related to the

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[6] Rural Health Information Hub. (2025). Critical Access Hospitals. Rural Health Information Hub. https://www.ruralhealthinfo.org/topics/critical-access-hospitals

implementation and cost-effectiveness of the programs. Analyses will address the following questions:

- To what extent is each program implemented with fidelity to BOP protocol? What are the reasons for modifications?
- How are people identified and placed into each program?
- How many people does each program serve?
- What are participant and staff perceptions of each program? How satisfied are participants?
- What is the impact of the program on recidivism after reentry?
- What is the impact of the program on the number and severity of mental health incidents during incarceration?
- What is the impact of the program on the number and type of disciplinary reports?
- Does the program address participants' needs?
- What dosage of the program is most effective?
- For whom is the program most effective?

Design

In preceding years, data was gathered from a number of sources, including historical data spanning nearly 20 years on program participant and non-participant comparisons. Additionally, researchers conducted data-collection visits to BOP facilities to conduct focus groups, observe program implementation, and administer surveys to both participants and program personnel. Analyses in FY 2026 will be conducted in three categories – program outcomes, processes, and cost-effectiveness.

To assess the impact on recidivism and other program outcomes, administrative data will be analyzed using statistical methods that are designed to account for differences between individuals who participated in each program and individuals who did not. The idea behind these methods is to compare program participants to other individuals who are as similar as possible – for example, with respect to demographics, risks, needs, and participation in other programs – and, in this way, to isolate and measure the causal impact of participating in the program. The effect of program participation will be estimated for various time periods and based on both historical data and data collected directly from site visits.

To assess program processes, data from interviews and observation visits will be analyzed to extract important themes. To assess cost-effectiveness, program costs, and estimated monetized outcomes achieved by the treatment and comparison group members (e.g., reduced recidivism, stable housing) will be calculated.

How Findings Will Inform Decision Making

BOP will use the results of these evaluations to inform the implementation of specific programs and the management of reentry programs generally. The completion of evaluations is mandated by the First Step Act and will assist in determining which programs reduce recidivism and improve adjustment to incarceration. Additionally, the comparative results of outcome evaluations will assist in determining relative effectiveness in recidivism reduction. Results regarding barriers to program implementation will also be used to guide future treatment protocols. At the conclusion of the

evaluations, NIJ will present the findings to the BOP, and reports will be made available on Department webpages.