**GENERAL AWARD ADMINISTRATION**

1. **Is this the last reporting period** for which the award will have data to report?  
   *For example, were all funds expended and is the award in the process of closing out in the Grants Management System?*
   
   A. Yes/No *(If Yes, answer the semiannual narrative questions.)*

2. **Was there grant activity** during the reporting period?  
   *There is grant activity when the grantee has obligated, expended, or drawn down grant funds to implement objectives proposed in the Bureau of Justice Assistance (BJA)-approved grant application. If you select Yes, the program becomes operational and should remain so until the grant closes out.*

   **Reason(s) for no grant activity during the reporting period**

<table>
<thead>
<tr>
<th>Reason(s)</th>
<th>Select all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>In procurement</td>
<td>☐</td>
</tr>
<tr>
<td>Project or budget not approved by agency, county, city, or state governing agency</td>
<td>☐</td>
</tr>
<tr>
<td>Seeking subcontractors (Request for Proposal stage only)</td>
<td>☐</td>
</tr>
<tr>
<td>Waiting to hire project manager, additional staff, or coordinating staff</td>
<td>☐</td>
</tr>
<tr>
<td>Paying for the program using prior federal funds</td>
<td>☐</td>
</tr>
<tr>
<td>Administrative hold (e.g., court case pending)</td>
<td>☐</td>
</tr>
<tr>
<td>Still seeking budget approval from BJA</td>
<td>☐</td>
</tr>
<tr>
<td>Waiting for partners or collaborators to complete agreements</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
<tr>
<td>If Other, please explain.</td>
<td></td>
</tr>
</tbody>
</table>

**COLLABORATIVE MENTAL HEALTH PARTNERS TRAINING**

3. Enter the number of grant-funded trainings conducted during the reporting period.

4. Enter the number of *judges/court professionals* represented in training sessions conducted during the reporting period.

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REVISED OCTOBER 2020

The performance measure questions presented here are preliminary and may be subject to revision. This document is only to be used for planning and data collection purposes. All grantees must enter their data in the JustGrants System upon award acceptance.
5. Enter the number of **law enforcement personnel** represented in training sessions conducted during the reporting period.

6. Enter the number of **corrections officers** represented in training sessions conducted during the reporting period.

7. Enter the number of **probation/parole officers** represented in training sessions conducted during the reporting period.

8. Enter the number of **behavioral health providers** represented in training sessions conducted during the reporting period.

9. Enter the number of **other individuals** represented in training sessions conducted during the reporting period.
   
   If Other, please explain. ____________________________________________

**COLLABORATIVE MENTAL HEALTH SCREENING DESCRIPTION**

Please answer the following questions related to screening and intake.

10. Describe the screening process at intake.

   ____________________________________________

11. Describe any changes made to the screening process as a result of the grant funding during the reporting period?

   ____________________________________________

**COLLABORATIVE MENTAL HEALTH SCREENING AND INTAKE**

Please answer the following questions related to the screening and intake of participants during this reporting period.

12. Enter the number of program participants during the reporting period.

   __________________

13. Of the number of program participants, enter the number screened at intake this reporting period.

   __________________
14. Enter the total number of individuals screened since the start of the award.


15. Enter the number of people identified with substance use disorders since the start of the award.


16. Enter the number of people identified with mental-health disorders since the start of the award.


17. Enter the number of people identified with co-occurring substance use and mental-health disorders since the start of the award.


18. Enter the number of people assessed as needing specialized services following release since the start of the award.


19. Enter the number of people assessed who were referred to substance use treatment services since the start of the award.


20. Enter the number of people assessed who were referred to medical/psychiatric services since the start of the award.


21. Enter the number of people assessed who were referred to therapy/counseling since the start of the award.


22. Enter the number of people assessed who were referred to recovery support (e.g., employment housing, peer support, etc.) since the start of the award.


23. Enter the number of people assessed who were referred to other services since the start of the award.
24. Since the start of the grant program, enter the number of people receiving services (and continuing to receive services) who have remained engaged for less than 30 days.

25. Since the start of the grant program, enter the number of people receiving services (and continuing to receive services) who have remained engaged for 30 days or more.

26. Since the start of the grant program, enter the number of people who stopped receiving services after receiving services for less than 30 days.

27. Since the start of the grant program, enter the number of people who stopped receiving services after receiving services for 30 days or more.

SEMIANNUAL NARRATIVE QUESTIONS

In this module, you will identify the goals you hope to achieve with your funding. Once submitted, these goals cannot be changed without approval from your grant manager.

- Set S-M-A-R-T goals to clarify the scope of your priorities.
  - Specific
  - Measurable
  - Achievable
  - Relevant
  - Time-bound

If you have multiple goals, please provide updates on each one separately.

Please answer the following questions every semiannual reporting period (January and July of each year), based on your grant-funded activities.

1. What were your accomplishments during the 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?
4. Is there any assistance that BJA can provide to address any problems/barriers identified in question 3? (Please answer Yes or No. If Yes, please explain.)
   A. Yes/No
   B. If Yes, please explain. ________________________________

5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application? (Please answer Yes or No. If No, please explain.)
   A. Yes/No
   B. If 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?
   ______________________________________________________