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 “Final Report” and “Goals and Objectives” questions. These are one-time-only questions you will answer prior to report closeout. Then, create a final report.)

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?

<table>
<thead>
<tr>
<th>Reason(s) for no grant activity during the reporting period.</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>

3. What obstacles, if any, did you encounter over the last reporting period that has had an impact to your project? Select all that apply.

   A. ____ N/A – No obstacles or barriers
   B. ____ Access to data
   C. ____ Number of referrals to our program
   D. ____ Collaboration/coordination between partner agencies
   E. ____ Hiring project staff
F. ___ Staff turnover
G. ___ Retaining treatment staff
H. ___ Competing agency priorities
I. ___ Funding
J. ___ Legal obstacles
K. ___ Concerns about confidentiality
L. ___ Differences in strategy between partners
M. ___ Enrollment in health insurance
N. ___ Engagement in treatment
O. ___ Technology challenges
P. ___ Federal grant administration issues (e.g., unable to secure approval)
Q. ___ Other, please explain: ______________

PARTNERSHIP ACTIVITIES

4. Do you have an established regularly convening advisory group (e.g., task force, working group, or committee) in place to help guide your program? [Carry forward]
   A. Yes/No (If No, answer 4b and skip to question 7)
   B. If No, please explain: _______________________

5. Please indicate which activities the advisory group engaged in during the reporting period. Select all that apply. [Carry forward]
   A. ___ Briefed agency leaders
   B. ___ Discussed advisory group membership/participation
   C. ___ Conducted project planning activities
   D. ___ Discussed resources needed/resource sharing
   E. ___ Met with community members
   F. ___ Reviewed research/analysis products and shared data
   G. ___ Discussed project performance
   H. ___ Engaged in operational activities (e.g., sharing of programmatic data to inform day-to-day operations of the program)
   I. ___ Shared individual-level data to inform case planning
   J. ___ Worked with stakeholders and/or project personnel on problem solving issues
   K. ___ Engaged in sustainability planning
   L. ___ Provided project updates/reports to stakeholders and/or project personnel
   M. ___ Other, please explain: _______________
6. Please rate the following advisory group partners based on this statement: “This partner is actively involved in a Justice and Mental Health Collaboration Program (JMHCP)-funded initiative this reporting period.” Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate them in the one category that best fits. Please do not rate yourself.

<table>
<thead>
<tr>
<th>Partners</th>
<th>Not Applicable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This partner is actively involved in the program.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Local partners (e.g., law enforcement agency, mayor’s office)</td>
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<tr>
<td>State partners (e.g., state justice agencies, governor’s office)</td>
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<tr>
<td>Federal partners (e.g., the Federal Bureau of Investigation and Homeland Security Investigations)</td>
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<tr>
<td>Tribal partners (e.g., judges, law enforcement, corrections)</td>
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<tr>
<td>Courts (specialty courts, adult or juvenile courts)</td>
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<tr>
<td>Prosecution (state/local or federal)</td>
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<tr>
<td>Defense services (e.g., public defender/indigent defense)</td>
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<tr>
<td>Health/behavioral health providers</td>
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<tr>
<td>Victim services providers/groups</td>
<td></td>
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<tr>
<td>Correctional departments (state/local or federal)</td>
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<tr>
<td>Probation/Parole departments</td>
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<tr>
<td>Researcher/analysis/evaluation partner</td>
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<tr>
<td>Community-based services (e.g., housing/shelters, job training/employment)</td>
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<tr>
<td>Faith-based organizations</td>
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<tr>
<td>Other partners (e.g., school districts, training specialists)</td>
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</tbody>
</table>

If other, please explain
7. What obstacles, if any, did you encounter over the last reporting period that has had an impact on your project? Select all that apply.

A. ___ N/A – No obstacles or barriers
B. ___ Access to data
C. ___ Number of referrals to our program
D. ___ Collaboration/coordination between partner agencies
E. ___ Hiring project staff
F. ___ Staff turnover
G. ___ Retaining treatment staff
H. ___ Competing agency priorities
I. ___ Funding
J. ___ Legal obstacles
K. ___ Concerns about confidentiality
L. ___ Differences in strategy between partners
M. ___ Enrollment in health insurance
N. ___ Engagement in treatment
O. ___ Technology challenges
P. ___ Federal grant administration issues (e.g., unable to secure approval)
Q. ___ Other, please explain: __________________

8. Are you using your grant funds to provide treatment and services to individual program participants, either directly through the program or by providing referrals to receive treatments and services from other programs and organizations? Select all that apply.

A. ___ Planning Phase. We plan to use grant funds to provide treatment and services to individuals with mental illness or co-occurring disorders, but we have not started. By selecting this option, you will answer questions in the “Program Description and Target Population” section but skip the “Individuals Identified and Engaged” section.

B. ___ Implementation Phase. We are currently using grant funds to provide treatment and services to individuals with mental illness or co-occurring disorders, research/evaluation, and/or updates to policies and procedures. By selecting this option, you will answer questions in both the “Program Description and Target Population” and “Individuals Identified and Engaged” sections.
9. Please identify which of the following program activities took place (or will take place) using JMHCP funds. This question aims to gather information about where in the criminal justice continuum your program operates. Please select only activities directly supported with JMHCP funds. Select all that apply. [Carry forward]

A. ___ Pre-arrest diversion (e.g., first responder, law enforcement, embedded clinicians, drop off at crisis or mental health centers connections)
B. ___ Pretrial or prosecutor-led diversion
C. ___ Post-booking diversion (e.g., jail, mental health/specialty court if pre-plea)
D. ___ Community-based services (e.g. crisis stabilization centers, respite centers)
E. ___ Mitigation of threats of targeted violence
F. ___ Reentry programming (e.g., prison-based reentry, probation, parole)
G. ___ Specialty courts (e.g., mental health court, gender-responsive court)
H. ___ Specialized caseloads for probation or parole
I. ___ Training (e.g., crisis intervention training, de-escalation, mental health, cross-system training)
J. ___ Other, please explain: ______________

10. Please indicate if you used (or plan to use) JMHCP funds—in part or in whole—to provide any of the following identification and treatment services. Include all services provided, even services only partially funded by JMHCP. Select all that apply. [Carry forward]

A. ___ N/A – This program is not providing treatment services with JMHCP funds
B. ___ Screening for mental illness and substance use disorder
C. ___ Assessment for mental illness and substance use disorder
D. ___ Assessment for criminogenic risk and needs
E. ___ Identification of individuals that pose a risk of conducting targeted violence
F. ___ Outpatient treatment services
G. ___ Inpatient or residential treatment
H. ___ Crisis response or care
I. ___ Primary healthcare
J. ___ Other, please explain: ______________

11. Please indicate which services were supported (or will be supported) by JMHCP grant funds, either in part or in whole. Select all that apply. [Carry forward]

A. ___ N/A – This program is not providing recovery support with JMHCP funds
B. ___ Case management
C. ___ Peer support or recovery coaching
D. ___ Family counseling/reunification services
E. ___ Food and nutrition assistance (e.g., SNAP benefits)
F. ___ Housing support services
G. ____ Employment assistance
H. ____ Faith-based support
I. ____ Vocational training
J. ____ Education (e.g., GED support)
K. ____ Childcare
L. ____ Transportation assistance
M. ____ Assistance with accessing health care coverage and other benefits
  (e.g., veterans benefits, Temporary Assistance for Needy Families, Supplemental Security Income/Social Security Disability Insurance)
N. ____ Cultural healing
O. ____ Civil legal assistance
P. ____ Mental health/substance use disorder/co-occurring treatment
Q. ____ Other, please explain: _________

12. Please indicate if JMHCP grant funds were used, or will be used, to place social workers
   and/or mental health professionals within criminal justice agencies (e.g., police
   departments, jails, courts, prisons, probation/parole) to provide support for individuals
   with mental illness, substance use disorders, or co-occurring disorders. [Carry forward]
   A. Yes/No (If No, skip to next section)
   B. If Yes, enter the number of social workers and/or mental health professionals placed since
   the beginning of the grant program _________

13. If social workers and/or mental health professionals were placed within criminal justice
    agencies as part of your program, please indicate which of the following activities were
    supported by JMHCP grant funding during the reporting period. Select all that apply.
    A. ____ N/A – We are still in the planning phase and have not yet placed social workers and/or
       mental health professionals within criminal justice agencies
    B. ____ Specialized training for clinicians on working with people in the justice system
    C. ____ Specialized training for non-clinicians (e.g., law enforcement officers, correctional/probation
       officers, prosecutors)
    D. ____ Screening and assessment
    E. ____ Case management
    F. ____ Coordination activities (e.g., directed crisis triage/stabilizing centers, connections to
       treatment, developed/distributed resource guides/progress reports)
    G. ____ Development and implementation of specialized teams (e.g., Co-Responder Teams,
       Mobile Crisis Teams, specialty courts, specialized caseloads)
    H. ____ Other
    I. If other, please explain: _____________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
</table>
| 14. Please indicate if JMHCP grant funds were used for the purpose of identifying, responding to, and mitigating threats of targeted violence? | *For example, all funds have been expended and the award is in the process of closing out in the Grants Management System. If you select Yes, you will be directed to answer the questions in the final report section. These are one-time-only questions that you will answer prior to report closeout.*  
A. Yes/No (If No, skip to question 16)                                                                                   |
| 15. Since the beginning of your grant program, please enter the number of individuals identified as credible threats of targeted violence. |  
A. Total number of individuals identified as credible threats of targeted violence \[cumulative\] ____  
B. Of the total number of individuals identified as credible threats, number who have been arrested \[cumulative\] ____  
C. Of the total number of individuals identified as credible threats (14a), number who have been referred to treatment services \[cumulative\] ____ |
This set of questions is for grantees using JMHCP funds to provide recovery and support services, either through direct funding to mental health centers or referrals to other treatment providers.

16. Through what mechanisms are referrals to treatment or recovery support services made? Select all that apply. [Carry forward]

A. Individuals receive written information (e.g., card, flyer, brochure, or handout) about treatment and/or services resources.
B. Individuals receive a written referral to a treatment and/or services provider by the program.
C. Individuals receive a treatment and/or services appointment at a specific date and time by the program.
D. Individuals are engaged in treatment and/or services with assistance from a peer recovery support specialist.
E. Individuals from the treatment or recovery support services provider are the one conducting the assessments and connections.
F. Individuals receive a “warm handoff” to treatment/recovery/peer/case managers in real time for assessment and coordination of treatment planning. This can be done via personal introduction by the program or virtually via telehealth.
G. Other, please explain: ____________

17. Please enter the number of individuals receiving mental illness or co-occurring identification or treatment services through referrals to other agencies or through your program since the beginning of the grant funding. Please provide a total count of individuals since the start of this grant award.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of individuals who received a screening</td>
<td></td>
</tr>
<tr>
<td>Report only the first screening for each individual.</td>
<td></td>
</tr>
<tr>
<td>b. Number of individuals who received a clinical assessment for mental illness or co-occurring disorders</td>
<td></td>
</tr>
<tr>
<td>Report only the first assessment for each individual.</td>
<td></td>
</tr>
<tr>
<td>c. Number of individuals who were referred to treatment services, either directly through the program or by providing referrals to other programs and organizations</td>
<td></td>
</tr>
<tr>
<td>Report only the first referral for each individual.</td>
<td></td>
</tr>
<tr>
<td>d. Of those (16c.), number of individuals who received treatment services</td>
<td></td>
</tr>
<tr>
<td>Do not include individuals who began receiving services in a previous reporting period.</td>
<td></td>
</tr>
</tbody>
</table>

18. On average, how many days does it take an individual to begin receiving treatment services after receiving a referral? [Carry forward]

A. Number of days _____
19. Of the total number of participants served since the start of your grant, please enter the number of participants still engaged with services and the number that are no longer engaged with services as of the last day of the reporting period.

A. Number of participants still engaged in services as of the last day of the reporting period _____
B. Number of participants who received services and completed all programmatic requirements as of the last day of the reporting period _____
   Completion can vary from program to program but generally refers to completion or compliance with a treatment plan, adhering to programmatic requirements (e.g., regular check-ins), or completing a time-in-program requirement or finishing legal requirements (e.g., successfully completed probation).
C. Number of former participants no longer engaged in services, and did not complete all the programmatic requirements _____

RECIDIVISM

The Recidivism and Training and Technical Assistance (TTA) sections should only be required, at most, once a year and again prior to grant closeout.

This set of questions aims to evaluate the recidivism-related outcomes (i.e., recidivism reduction) of your program. For this purpose, you must establish a baseline (or comparison) recidivism rate to compare against the recidivism rate among your program participant cohort.

Note: Non-governmental agencies (i.e., community treatment organizations, private non-profits) are not expected to track recidivism data using administrative records.

20. Have you established a formal definition of recidivism for the purposes described above? [Carry forward]
   A. Yes/No
   B. If Yes, please describe how you are defining recidivism: ____________________

21. At what level(s) are you calculating your recidivism rate? Select all that apply. [Carry forward]
   A. ____ Reincarceration
   B. ____ Re-arrest
   C. ____ Reconviction
   D. ____ Other
   E. If other, please explain: _____________________
22. Please provide your baseline recidivism rate. [Baseline] This should be calculated based on programmatic data before the start of the grant. Often this recidivism rate is provided in the grant application. _____

23. Have you set up a system or process to collect data necessary for tracking recidivism of your program participants on a regular basis? [Carry forward]
   A. Yes/No (If No, skip to next section)

24. If yes, please describe how this information is shared with partners and used for programmatic operations. [Carry forward] ________________

25. Since the beginning of your grant program, how many program participants have recidivated (according to your definition)? Include all participants since the beginning of your grant, even if they were no longer engaged in your program at the time of recidivism.
   A. Number of program participants that have recidivated since the start of the grant _____
   B. Of those, what is the number of program participants that are still participating in the program ____
      Please include those who may have committed a new criminal offense but continue to receive services through the grant-funded program.

26. Please provide the current recidivism rate among your program participant cohort. Include all participants since the beginning of your grant. If the recidivism rate is not applicable/available, enter “N/A.” _____

TRAINING AND TECHNICAL ASSISTANCE

A training is a program of instruction on a particular topic and/or a skill related to a specific operation. Trainings can be provided to individuals who can use the information or skill on their job, as well as trainers who will provide instruction to others. Examples include:

- Providing training in a classroom/onsite or virtual setting;
- Hosting and/or conducting a webinar; or
- Conducting a workshop at a conference or summit

Technical assistance (TA) is targeted assistance to a site, agency, or jurisdiction for the purpose of assessing gaps, barriers and needs, developing strategic plans, or creating innovative approaches to emerging or complex issues.

Training

27. Did the project provide or facilitate training to project staff (or individuals involved in the project) during the reporting period?
   A. Yes/No (If No, skip to question 31)
   B. If Yes, how may trainings were completed during the reporting period? _____
28. For each training completed during the reporting period, please indicate (1) who provided the training, (2) the target audience, (3) the number of people trained, and (4) the name of the training provider. Count each person only once per training topic, regardless of how many times they attended the training. You may report five trainings per reporting period.

<table>
<thead>
<tr>
<th>Training</th>
<th>Target</th>
<th>Number of</th>
<th>Training</th>
<th>What funds were used to</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Open text]</td>
<td>[Open text]</td>
<td>[Whole number]</td>
<td>[Open text]</td>
<td>• Grant funds</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• National Training and Technical Assistance Center (NTTAC)</td>
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<td></td>
<td>• Other Office of Justice Programs (OJP) funds</td>
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<td></td>
<td>• Other</td>
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<td>• Unknown</td>
</tr>
</tbody>
</table>

29. Will your grant program be able to directly apply the knowledge obtained from the training(s)?
   A. Yes
   B. No, the training(s) may be useful to advocate for new approaches, but will not be applied directly at this time
   C. No, the training(s) did not provide information that can be directly applied to the grant program

30. Please describe the impact that the training(s) will have on specific outcomes/objectives related to the goals of your program.

Technical Assistance

31. Did project staff receive any TA during the reporting period?
   A. Yes/No
   B. If Yes, how many separate TA providers did you work with during the reporting period? _____
32. For each TA provider you interacted with during the reporting period, please enter the following information. *The number of entries should equal the number you entered in question 30b (up to five per quarter).*

<table>
<thead>
<tr>
<th>Organization name of TA provider</th>
<th>TA topic</th>
<th>Nature of contact <em>(select all that apply)</em></th>
<th>Number of engagement(s)</th>
<th>Satisfaction</th>
<th>Feedback on your encounters with this TA provider</th>
<th>What funds were used to provide the TA?</th>
</tr>
</thead>
</table>
| [Open text]                     | [Drop down list from NTTAC] | • Conference  
• Direct assistance  
• National program or policy advancement  
• Operational support  
• Training  
• Other | [Positive whole number] | • Very satisfied  
• Satisfied  
• Neither Satisfied nor Dissatisfied  
• Dissatisfied  
• Very Dissatisfied | [Open Text] | • Grant funds  
• NTTAC  
• Other OJP funds  
• Other  
• Unknown |

33. Will your grant program be able to directly apply the knowledge obtained through TA?

A. Yes
B. No, the TA may be useful to advocate for new approaches but will not be applied directly at this time
C. No, the TA did not provide information that can be directly applied to the grant program

34. Please describe the impact that the TTA may have on specific outcomes/objectives related to the goals of your program.

______________________________________________________________________

FINAL REPORT

[Closeout Only]

Programmatic Adjustments

35. As a result of the grant funds, please describe what, if any, programmatic adjustments were made for individuals in the program who tested positive for illicit drug use:

______________________________________________________________________

36. As a result of the grant funds, please describe what, if any, programmatic adjustments (i.e., policies or procedures) were made for individuals in the program who experienced a mental health crisis event:

______________________________________________________________________
Systems Change and Organizational Capacity

37. Have you used JMHCP funding towards system-level changes or improvements to organizational capacity?
   A. Yes/No (If No, skip this section)

38. Please indicate which of the following areas received systemic improvements (policies, procedures, processes) as a result of this JMHCP award. Select all that apply.
   A. ___ Treatment services
   B. ___ Recovery support services
   C. ___ Implementation of evidence-based practices
   D. ___ Screening for behavioral health processes
   E. ___ Criminogenic risk/needs assessment tools and/or processes
   F. ___ Collaboration (partnerships, contracts, etc.)
   G. ___ Data collection and utilization
   H. ___ Information sharing
   I. ___ Case management
   J. ___ Other

39. For each selection made in the previous question, please provide a brief explanation of the improvements made.

______________________________________________________________

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 reporting period?

______________________________________________________________

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.
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?

   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 and if no, please explain.)

   A. Yes/No
   B. If Yes, 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?
__________________________________________________________________