

BUREAU OF JUSTICE ASSISTANCE
JUSTICE AND MENTAL HEALTH COLLABORATION PROGRAM
PERFORMANCE MEASURES

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?*

Reason(s) for no grant activity during the reporting period.	Select all that apply
In procurement	<input type="checkbox"/>
Project or budget not approved by agency, county, city, or state governing agency	<input type="checkbox"/>
Seeking subcontractors (Request for Proposal stage only)	<input type="checkbox"/>
Waiting to hire project manager, additional staff, or coordinating staff	<input type="checkbox"/>
Paying for the program using prior federal funds	<input type="checkbox"/>
Administrative hold (e.g., court case pending)	<input type="checkbox"/>
Still seeking budget approval from BJA	<input type="checkbox"/>
Waiting for partners or collaborators to complete agreements	<input type="checkbox"/>
Other	<input type="checkbox"/>
If Other, please explain	

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

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.

- 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: _____

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.

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.*

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

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.

PROGRAM OVERVIEW

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.*

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.

PROGRAM DESCRIPTION AND TARGET POPULATION

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

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.

- 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: _____

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.

MITIGATING THREATS OF TARGETED VIOLENCE: IDENTIFICATION OF INDIVIDUALS NEEDING TREATMENT SERVICES FOR MENTAL ILLNESS OR CO-OCCURRING DISORDERS

This set of questions are for grantees using JMHCP funds to support law enforcement and prosecutors to respond to and mitigate credible threats of targeted violence and to seek assistance from mental health professionals and threat assessment experts to identify and disrupt individuals with mental illnesses who are mobilizing toward violence.

Targeted Violence: a goal-oriented, criminal act that endangers human life and/or is potentially destructive to public or private infrastructure (e.g., schools, places of worship) or key resources that support economic, political, or sustainable livelihood (e.g., food, medicine, shelter). The criminal act may appear to be focused on specific individual(s) or infrastructure(s) based on race, religion, ethnicity, or sexual orientation. It may also include attacks otherwise lacking clear motivation but that suggest an intent to inflict a degree of mass injury, destruction, or death.

Credible Threat: statements or actions believed to be legitimate that are made to communicate a potential threat to people or property and are supported by verifiable evidence that a violent act is likely to occur.

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] _____

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.

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.*

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

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 _____

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.

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.
- Number of participants still engaged in services as of the last day of the reporting period _____
 - 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).
 - 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]**
- Yes/No
 - 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]
- ____ Reincarceration
 - ____ Re-arrest
 - ____ Reconviction
 - ____ Other
 - If other, please explain: _____

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.

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 many trainings were completed during the 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.

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.*

Training	Target	Number of	Training	What funds were used to
[Open text]	[Open text]	[Whole number]	[Open text]	<ul style="list-style-type: none"> • <i>Grant funds</i> • <i>National Training and Technical Assistance Center (NTTAC)</i> • <i>Other Office of Justice Programs (OJP) funds</i> • <i>Other</i> • <i>Unknown</i>

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? _____

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.

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).*

Organizational name of TA provider	TA topic	Nature of contact (select all that apply)	Number of engagements	Satisfaction	Feedback on your encounters with this TA provider	What funds were used to provide the TA?
[Open text]	[Drop down list from NTTAC]	<ul style="list-style-type: none"> • Conference • Direct assistance • National program or policy advancement • Operational support • Training • Other 	[Positive whole number]	<ul style="list-style-type: none"> • Very satisfied • Satisfied • Neither Satisfied nor Dissatisfied • Dissatisfied • Very Dissatisfied 	[Open Text]	<ul style="list-style-type: none"> • 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:

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.

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?

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.