

BUREAU OF JUSTICE ASSISTANCE
STRENGTHENING THE MEDICAL EXAMINER-CORONER SYSTEM PROGRAM
PERFORMANCE MEASURES QUESTIONNAIRE

GENERAL AWARD ADMINISTRATION

1. Is this the last reporting period for which the award will have data to report? *For example, all funds have been expended and the award is in the process of closing out in the Justice Grants (JustGrants) 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 Yes, the program becomes operational and should remain so until the grant closes out.*

A. Yes/No

B. If No, select from the following responses:

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	<input type="checkbox"/>
Waiting for partners or collaborators to complete the application	<input type="checkbox"/>
Other	<input type="checkbox"/>
If Other, explain:	

PURPOSE AREA 1: BJA FORENSIC PATHOLOGY FELLOWSHIP

3. The number of participants who began a forensic pathology fellowship training under the Strengthening the Medical Examiner-Coroner System Program. *[Baseline, carry forward]*

4. The number of forensic pathology fellowship participants in the medical examiner-coroner office (to include the fellowship funded by the Strengthening the Medical Examiner-Coroner System Program).

5. The number of participants who completed forensic pathology fellowship training under the Strengthening the Medical Examiner-Coroner System Program.
-

6. If possible to report, provide the number of forensic pathology fellowship participants under the Strengthening the Medical Examiner-Coroner System Program who became board-certified forensic pathologists.
-

7. Total number of death investigations performed by the medical examiner-coroner office during the 6-month period prior to the award start date. *[Baseline, carry forward]*
-

8. Total number of death investigations performed by the medical examiner-coroner office during the reporting period.
-

9. Total number of death investigations performed by the BJA-funded forensic pathology fellow(s) during the reporting period.
-

10. Total number of death investigations performed by the medical examiner-coroner office during the entire project. *[Cumulative, auto-sum]*
-

11. Total number of death investigations performed by the BJA-funded forensic pathology fellow(s) during the entire project. *[Cumulative, auto-sum]*
-

12. Total number of autopsies performed by the medical examiner-coroner office during the 6-month period prior to the award start date. *[Baseline, carry forward]*
-

13. Total number of autopsies performed by the BJA-funded forensic pathology fellow(s) prior to the award start date. *[Baseline, carry forward]*
-

14. Total number of autopsies performed by the medical examiner-coroner office during the reporting period.
-

REVISED APRIL 2022

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.

15. Total number of autopsies performed by the BJA-funded forensic pathology fellow(s) during the reporting period.

16. Total number of autopsies performed by the medical examiner-coroner office during the entire project. *[Cumulative, auto-sum]*

17. Total number of autopsies performed by the BJA-funded forensic pathology fellow(s) during the entire project. *[Cumulative, auto-sum]*

PURPOSE AREA 2: MEDICAL EXAMINER-CORONER OFFICE ACCREDITATION

18. Has your office applied for accreditation with an appropriate medical examiner-coroner accrediting agency during the reporting period?

A. Yes/No

19. Was accreditation obtained from an appropriate medical examiner-coroner accrediting agency using Strengthening the Medical Examiner-Coroner System Program funding during the reporting period?

A. Yes/No

20. If so, upload accreditation documentation from the medical examiner-coroner accrediting agency.

21. If accreditation was applied for but not achieved, what were the challenges with meeting accreditation?

22. Number of individuals in the medical examiner-coroner office in medicolegal death investigation supporting positions at the beginning of the award period. *[Baseline, carry forward]*

23. Number of certified individuals in the medical examiner-coroner office in medicolegal death investigation supporting positions at the beginning of the award period. *[Baseline, carry forward]*

REVISED APRIL 2022

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.

24. Target number of individuals to be certified with Strengthening the Medical Examiner-Coroner System Program funding at the beginning of the award period. *[Baseline, carry forward]*

25. Number of individuals who initiated the certification process with Strengthening the Medical Examiner-Coroner System Program funding during the reporting period.

26. Number of individuals who achieved certification with Strengthening the Medical Examiner-Coroner System Program funding during the reporting period.

27. Number of individuals who achieved certification with Strengthening the Medical Examiner-Coroner System Program funding during the entire project. *[Cumulative, auto-sum]*

28. Reasons why individual(s) did not achieve certification, if applicable.

29. Which agency are you using for accreditation?

- A. National Association of Medical Examiners (NAME)
- B. International Association of Coroners and Medical Examiners (IACME)
- C. Other (list) _____

30. Which of the following inspection areas is your office working toward with the Strengthening the Medical Examiner-Coroner System Program funding? *Select all that apply.*

- A. Medicolegal facility and office practices (e.g., safety and security, workspace for employees, quality assurance, policies and procedures)
- B. Investigations and investigative practices
- C. Morgue facilities and operations (e.g., body handling, body receiving areas, autopsy areas)
- D. Laboratory services (including histology, toxicology, radiology, and crime laboratory)
- E. Reports and record keeping
- F. Forensic specialists, support services, and consultants

31. Provide a short description of the progress made during this reporting period.

32. Provide a short description of the challenges faced during this reporting period.

REVISED APRIL 2022

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.

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 of 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, provide updates on each on separately.

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?

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, explain: _____
5. Are you on track to complete your program fiscally and programmatically as outlined in your grant application?
 - A. Yes/No
 - B. If No, 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!

REVISED APRIL 2022

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.