

**BUREAU OF JUSTICE ASSISTANCE
COLLABORATIVE CRISIS RESPONSE TRAINING PROGRAM
PERFORMANCE MEASURES**

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 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 Yes, answer the Final Report questions and create a final report.)*

GRANT ACTIVITY

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. Alternatively, if you have started working with a training and technical assistance provider and are working on completing the body worn camera (BWC) scorecard, or have conducted any BWC outreach or procurement activities, please select Yes. If you select Yes, the program becomes operational and should remain so until the grant closes out.*
 - A. Yes/No
 - B. If No, please select from the following responses:

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

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PARTNERSHIPS AND COMMUNITY ENGAGEMENT

3. Have you conducted outreach (including training) to the community, criminal justice partners, or other outside organizations regarding mental health, substance abuse, and/or intellectual disabilities during the reporting period? *An outreach refers to the process of engaging and informing the public as well as victim, privacy, and civil liberty advocacy groups about how an applicant will use its Collaborative Crisis Response (CCR) project as part of a larger initiative to improve transparency and accountability in encounters between the police and the public. Criminal justice partners, stakeholders, and other outside organizations include police unions, courts, prosecutors, public defenders, victims' advocates, faith-based organizations, and private nonprofit groups.*

A. Yes/No *(If No, go to the Officer Training section.)*

4. Identify the types of outreach that were conducted for the following criminal justice partners, stakeholders, and community/outside organizations during the reporting period. *Select all that apply.*

<i>The following outreach was performed for this partner during the reporting period:</i>	No outreach conducted	Formal in-person meeting	Briefing made at a group meeting (e.g., staff meeting, community meeting)	Web-based outreach/social media	Flyer/leaflet
	1	2	3	4	5
Courts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police unions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecutors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defenders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim advocates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other advocacy groups (e.g., faith-based groups, private nonprofit groups, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government (e.g., mayor's office, city council, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State government (e.g., governor's office, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
College or university	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, explain					

5. 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, go to the Officer Training section.)*

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6. 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
 - N. If Other, explain: _____
7. To the best of your knowledge, how would you rate the following partners based on the following statement: "This partner is actively involved in the program." Please rate your partners on a scale of 1 to 5 as indicated below. *Note that by checking N/A, you are indicating that this agency/organization/group is not a partner.*

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<i>This partner is actively involved in the program</i>	N/A	1	2	3	4	5
Courts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police unions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecutors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defenders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim advocates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other advocacy groups (e.g., faith-based groups, private nonprofit groups, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government (e.g., mayor's office, city council, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State government (e.g., governor's office, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
College or university	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, describe						

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8. Indicate if your department was involved periodically (i.e., two or more times) in the following community activities as part of your Collaborative Crisis Response (CCR) program during the reporting period. *Select all that apply.*
- ___ Parent-focused programs (e.g., parenting skills)
 - ___ Youth-focused programs (e.g., Boys and Girls Club, children of incarcerated parents' programs, school enrichment programs)
 - ___ Media outreach (e.g., TV ads, billboards, news spots)
 - ___ Community-leadership programs (e.g., community mobilization)
 - ___ Public meetings (e.g., joint problem solving, presentations)
 - ___ Community events (e.g., National Night Out™, block parties, and other programs to promote police-community relations)
 - ___ Distributing a newsletter, e-mail, or other bulletin
 - ___ Social media activities (e.g., Facebook, Twitter)
 - ___ Street outreach to target populations (e.g., homeless contacts)
 - ___ Other
 - If Other, explain _____
9. Have you shared with the community your plans for improving officer response to individuals with mental illness, substance abuse issues, and/or intellectual disabilities?
- Yes
 - No (*If No, explain*)
 - To be developed based on the initiative selected by the grantee

OFFICER TRAINING

10. Do you have an officer training program for law enforcement and community partners using a team approach? *Examples of such programs include: BJA's Law Enforcement Training in Collaborative Crisis Response, which includes best practices such as Memphis Model Crisis Intervention Team, disability response, co-responder, behavioral health mobile response, case management, and other response models that involve co-occurring mental health and substance use issues.*
- Yes/No
 - If Yes, when did this training program start? (*Month/Year*) _____
11. Is this training required?

Training Name	Not available	Optional	Required

12. What types of training did your program conduct during the reporting period?
Report the training name and select all modes of training that apply.

Training Name	Academy Training	Web-based training/computer-based training	Classroom (formal in-person) training	Field Training	In-Service Training	Other

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13. Have you provided any other training related to officers increasing their knowledge and skills in working with people with mental illness, substance abuse, and/or intellectual disabilities? *Examples of other training include a brief mental health 101 training; mental health first aid for public safety; training on a specific mental illness, substance, or intellectual disability; or training carried out by local clinicians.*

A. Yes/No

14. 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 name	Target audience	Number of people trained	Training provider	What funds were used to provide the training?
[Open text]	[Open text]	[Whole number]	[Open text]	<input type="radio"/> Grant funds <input type="radio"/> National Training and Technical Assistance Center <input type="radio"/> Other Office of Justice Programs (OJP) funds <input type="radio"/> Other <input type="radio"/> Unknown

15. Will the officers who participated in the training 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 program

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

CROSS-JURISDICTION TRAINING

17. Did your department/jurisdiction provide cross-jurisdiction training during this reporting period?

A. Yes/No (*If No, skip to Train-the-Trainer section.*)

18. Which other agencies did you meet with? *Select all that apply.*

A. ___ The courts

B. ___ Probation/Parole

C. ___ Case workers

D. ___ Clinicians

E. ___ Inpatient/Outpatient treatment

F. ___ Hospitals

G. ___ Other

H. If Other, explain _____

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19. Did the other agency help improve officer knowledge around? If so, in what capacity?
- A. Mental health: Yes/No *(If Yes, specify)* _____
 - B. Substance abuse: Yes/No *(If Yes, specify)* _____
 - C. Intellectual disabilities: Yes/No *(If Yes, specify)* _____
 - D. Other: Yes/No *(If Yes, specify)* _____

TRAIN-THE-TRAINER TRAINING

20. Did you utilize the train-the-trainer model during this reporting period?
- A. Yes/No *(If No, skip to Officer Recruitment for Training section.)*
21. How many fully trained trainers did you have during this reporting period? _____
22. How many students did the trainers work with during this reporting period? _____
23. How did the trainers engage with and support training participants during this reporting period?
- _____
- _____
24. In what manner did the trainers engage with participants (e.g., on the phone, in-person, via email, etc.) during this reporting period?
- _____
- _____

OFFICER RECRUITMENT FOR TRAINING

25. How many officers were recruited into your CCR program during this reporting period?
(If no officers were recruited, skip to the BJA National Law Enforcement Mental Health Learning Site Program section.) _____
26. Of those officers that were recruited during this reporting period, how many finished the required coursework? _____
27. If officers did not finish the required coursework, why did they not finish?
- _____
- _____
28. How are you measuring whether officers are successfully using the skills from the CCR program when performing their duties?
- _____
- _____

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BUREAU OF JUSTICE ASSISTANCE NATIONAL LAW ENFORCEMENT MENATL HEALTH LEARNING SITE PROGRAM

29. Did you engage with BJA's National Law Enforcement Mental Health Learning Site program during this reporting period?

A. Yes/No *(If No, skip to the Final Report questions.)*

30. In what capacity did you engage with the BJA National Law Enforcement Mental Health Learning Site program? *Select all that apply.*

- A. Talked with learning sites
- B. Planned trip to the learning site
- C. Identified team to go to the learning site
- D. Identified how team will disseminate what they learned at the learning site
- E. Further engagement with the learning site after visit
- F. Other, explain _____

31. How will those who went to the learning site disseminate what they learned?

32. How will your department/jurisdiction use what was learned during the training?

33. How will your department/jurisdiction integrate what was learned into future training or planning strategies?

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FINAL REPORT QUESTIONS

The questions in this section are to be answered once at the end of the grant award. If this is not the end of your award, proceed to the Semiannual Narrative Questions.

34. How do you plan on sustaining your train-the-trainer effort?

35. Did you complete your CCR program/initiative (e.g., spent all of your funds) as outlined in your grant application?

- A. Yes/No
- B. If No, explain

36. How do you intend to sustain your CCR program?

- A. Continue to invest in training
- B. Use data analysis to inform and improve strategic and training responses
- C. Foster community partnerships through systematic public outreach
- D. Systematically offer in-service training
- E. Plan to seek long-term funding (e.g., grants, local funding, foundation funding)
- F. Other, explain _____

37. What obstacles do you foresee in continuing this program beyond the grant award?

38. In addition to the officers who received CCR training resulting from this grant, how many more officers do you expect to be trained in the coming year? _____

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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?

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 fiscally and programmatically complete your program 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!

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