

**BUREAU OF JUSTICE ASSISTANCE**  
**CONNECT AND PROTECT: LAW ENFORCEMENT AND BEHAVIORAL HEALTH**  
**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 Closeout questions. These are one-time-only questions that you will answer prior to report closeout.*
  - A. Yes/No *(If Yes, answer the Closeout 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. If you select 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="radio"/>
Program 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 program 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 BJA approval	<input type="radio"/>
Waiting for partners or collaborators to complete the application	<input type="radio"/>
Other	<input type="radio"/>
If Other, explain	

3. What obstacles, if any, did you encounter over the last reporting period that has had an impact to your program? *Select all that apply.*
  - A. \_\_\_ Not applicable – No obstacles or barriers
  - B. \_\_\_ Access to data
  - C. \_\_\_ Number of referrals to our program
  - D. \_\_\_ Collaboration/coordination between partner agencies
  - E. \_\_\_ Hiring program 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, explain: \_\_\_\_\_

## PARTNERSHIP ACTIVITIES

4. Do you have an established, regularly convening advisory group (e.g., working group or committee) in place to help guide your program? [*Carry forward*]
  - A. Yes/No (*If No, skip to next section*)
  - B. If No, 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 program planning activities
  - D. \_\_\_ Discussed resource needs/resource sharing
  - E. \_\_\_ Met with community members
  - F. \_\_\_ Reviewed research/analysis products and shared data
  - G. \_\_\_ Discussed program 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 program personnel on problem solving issues
  - K. \_\_\_ Engaged in sustainability planning
  - L. \_\_\_ Provided program updates/reports to stakeholders and/or program personnel
  - M. \_\_\_ Other, explain: \_\_\_\_\_

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6. Rate the following advisory group partners based on this statement: "This partner is actively involved in a Connect and Protect-funded initiative this reporting period."  
 Rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, rate them as a whole. If a partner fits in more than one category, rate them in the one category that best fits. Please do not rate yourself. [Carry forward]

Partner		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<i>This partner is actively involved in the program</i>	<b>N/A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership (e.g., tribal council)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies (including detectives/investigators)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with lived experiences (e.g., people who were formerly incarcerated)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/Philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Partner		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, explain:						

## PLANNING AND UNDERSTANDING THE PROBLEM

7. Is your agency program at the planning or implementation phase of the grant?
- Planning phase
  - Implementation phase (*If in the implementation phase, skip to the next section*)
8. Please describe the status of the following program planning activities:

Planning Guide Activities	N/A	Complete	In Progress	Not Started
Developed a working group	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified target population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified evidence-based services and support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an inventory of services and programming	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed screening and assessment processes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Created system-wide definitions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified system gaps	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed sustainability plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed a plan to collect data/track program progress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an implementation plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, explain				

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9. Does your partner plan to implement a validated risk/needs assessment screening tool? The screening tool could be a mental health, co-occurring disorders, substance abuse, or pretrial tool.

A. Yes/No *(If No, skip to question 11)*

10. If Yes, answer the following questions:

A. Will you or a partner use the validated risk/needs assessment screening tool? \_\_\_\_

B. Which validated risk/needs assessment screening tool will you use? \_\_\_\_

C. Describe the decisions the risk/needs assessment screening tool will inform: \_\_\_\_

11. If No, answer the following questions:

A. Are you funded to use a validated risk/needs assessment screening tool? (Yes/No)

B. Do you plan on using a validated risk/needs assessment screening sometime in the future? (Yes/No)

C. Would you consider using a validated risk/needs assessment screening tool? (Yes/No)

D. Are you using any type of screening tool in your program? (Yes/No)

E. If Yes, describe the tool: \_\_\_\_\_

## POLICIES AND PROCEDURES

12. Does your agency have policies in place for responding to calls for service involving a mental health crisis?

A. Yes/No

B. If No, explain *(then skip to question 14)*

\_\_\_\_\_

13. If Yes, does your policy address the following? *Select all that apply.*

Policy Addresses	N/A	Yes	No	In Progress
How to code mental health-related calls	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth mental health-related calls	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting people connected to services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting field assessments	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information sharing with other agencies/partners	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coding and completing incident reports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, explain				

14. Does your agency have protocols in place for training dispatchers on how to respond to mental health-related calls for service?

A. Yes/No

B. If Yes, briefly explain your protocol: \_\_\_\_\_

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## SPECIALIZED TRAINING

15. Enter the number of people within your agency/program for the measures below that occurred as of the last day of the reporting period.

Number of People		
Measure		Number
A.	How many <b>mental health professionals</b> have been trained in police/mental health collaboration?	
B.	How many sworn personnel are in your agency?	
C.	How many sworn personnel are eligible to attend training on how to appropriately respond to those with a mental health crisis?	
D.	How many sworn personnel are trained on how to appropriately respond to those with a mental health crisis?	

16. Which models are your law enforcement personnel trained in? *Select all that apply.*  
[Carry forward]

- A. Crisis intervention team
- B. Co-responder team
- C. Mobile crisis team
- D. Case management team
- E. Tailored approach
- F. Other
- G. If Other, explain: \_\_\_\_\_

## Calls for service, field assessment, and screening for mental illness

*Please respond for incidents that took place during the current reporting period.*

17. How many mental health calls for service (CFS) did you receive during the reporting period?
- A. Number of mental health CFS: \_\_
  - B. How many of those mental health CFS were responded to by an officer trained in police mental health collaboration? \_\_
18. Number of repeat calls to the same location: \_\_\_\_\_
19. Number of encounters with people who have mental health needs where force was used  
*(if not applicable, skip to question 22):* \_\_\_\_\_
20. Type of force used by officers during encounters with people who have mental health needs: \_\_\_\_\_
21. Were there any injuries to officers during encounters with people who have mental health needs?
- A. Yes/No
  - B. Not applicable

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22. How many people received a field assessment or screening for mental illness during the reporting period?
- Number of people who received a field assessment or screening for mental illness during the reporting period: \_\_\_\_\_
  - Out of those field assessments given, how many were given by a specialty trained officer? \_\_\_\_

### Disposition of people involved in a mental health crisis

Please respond for incidents that took place during the current reporting period.

23. How many people were involved in a mental health crisis incident that had a law enforcement response? Please include each CFS as well as any other mental health-related incident that did not originate through a CFS.
24. Out of those people who were involved in a mental health crisis incident, what was their disposition?

	Disposition	Number of People
A.	Number of people assessed on-scene by a mental health professional during the reporting period	
B.	Number of people left on-site/resolved on-scene during the reporting period	
C.	Number of people arrested and/or taken into police custody during the reporting period	
D.	Number of people connected/referred to behavioral health services during the reporting period	
E.	Number of people taken offsite to an agency or facility during the reporting period	

25. Of those taken offsite to an agency or other facility (from question 24E), enter the number of people for each disposition.

	Disposition	Number of People
A.	Taken to an emergency room or other medical facility	
B.	Taken to a mental health facility. <i>Mental health facilities are crisis centers, respite facilities, recovery centers, and other facilities that focus primarily on treating mental illness.</i>	
C.	Taken to a nonmedical or nonmental health-specific community agency or social service organization. <i>This may include group homes, homeless shelters, bus stations, special transportation systems, or other facilities that are not primarily providers of medical or mental health services.</i>	
D.	Taken to a substance use disorder treatment facility	
E.	Taken to a juvenile assessment center	
F.	Taken to an after-school program	
G.	Other	
E.	If Other, describe	

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## ANALYSIS AND RESEARCH

26. Was data analysis conducted for your grant initiative during the reporting period?
- A. Yes/No (*If No, skip to the next section*)
27. Are you working with a researcher/analyst for this analysis? [*Carry forward*]
- A. Yes/No
- B. If Yes, provide the following contact information for the person conducting the evaluation.
- Name: \_\_\_\_\_
- Email address: \_\_\_\_\_
- Phone number: \_\_\_\_\_
28. Which of the following data sources were used for the analysis of the grant initiative during the reporting period? *Select all that apply.*
- A. Official police call, crime, and arrest data (e.g., CFS, officer-initiated CFS, crime incident reports, or arrest reports)
  - B. Internal agency pre-existing data tracking (e.g., use of force reports, citizen complaints)
  - C. Community data (e.g., health and human services data or other community data, health insurance enrollment and usage)
  - D. Corrections data (e.g., probation and parole data)
  - E. Booking/inmate data (prison and/or jail records and data)
  - F. Prosecution data (e.g., pretrial data)
  - G. Public defense data
  - H. Behavioral health disorder screenings
  - I. Clinical/Behavioral health data
  - J. Court data (e.g., case outcomes, convictions, sentences)
  - K. Risk/Needs assessments
  - L. Focus group data (e.g., focus groups of community members, officers, or victims)
  - M. Survey data (e.g., surveys of community members, officers, clients, or victims)
  - N. Systematic observations of places by trained observers (e.g., physical disorder)
  - O. Youth-focused data (e.g., juvenile justice system data, gang-related data, school data)
  - P. Health and insurance enrollments
  - Q. Other
  - R. If Other, explain:

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29. Please indicate whether your program used analysis to inform the following Connect and Protect activities during the reporting period. *Analysis includes the review of baseline data, disorder data, objective criteria, or other systematic data sources (e.g., systematic observations of place, survey data) to inform programmatic activities and decisionmaking. If you answer Not Applicable, this indicates that you do not perform this activity at your site. If you answer No, this indicates that your site performed this activity but did not use analysis to inform the activity.*

	Not Applicable	Yes	No
Partnership activities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement partner activities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution partner activities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense partner activities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral health partner activities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compilation/Adjustments to at-risk person list/population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections, reentry, or community corrections interventions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal investigations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime prevention activities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital-based interventions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community outreach through information dissemination (i.e., reducing stigma)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, describe			

30. In which of the following ways did data analysis inform your program activities during the reporting period? **Select all that apply.**

- A. Provided guidance to partner
- B. Informed agency or organizational leadership
- C. Communicated program analysis results/recommendations to groups outside of the agency and/or partner (e.g., local government, community organizations, media)
- D. Other
- E. If Other, please explain

31. Has your researcher/analyst provided you with any Connect and Protect program products (e.g., community survey findings, progress reports, presentation slides, final report) during the reporting period?

- A. Yes/No
  - B. If Yes, how many products were provided? \_\_\_\_\_
  - C. If Yes, please list and briefly describe the products you received
- 

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## PARTICIPANTS AND SERVICES

### Program Participants

32. Does your program provide services to people as part of your initiative?

A. Yes/No *(If No, skip to question 39)*

33. How many people are projected to receive services over the life of the grant? *This should be what is proposed in your grant application.* \_\_[Carry forward]

34. Enter the number of people who fit each category into the table below.

	Measure	Number of People
A.	During the reporting period, how many people were eligible to participate in the program? <i>Eligible participants include anyone who qualifies or meets the program's predefined requirements.</i>	
B.	Of those eligible, how many people were selected to participate in the program during the reporting period? <i>"Participants selected" is defined as those who were chosen to participate in the program but may or may not have actually enrolled.</i>	
C.	Of those selected, how many <b>new</b> participants were admitted to the program during the reporting period? <i>"Admissions" are defined as new participants who receive services in the program. For the first reporting period that the grantee becomes operational, report all participants enrolled as new.</i>	
D.	During the reporting period, how many total people participated in the program? <i>Total includes both new participants and participants already enrolled in the program</i>	

### Program Services

35. Do the program partners use program funds to provide services to people with substance use, mental health, or co-occurring disorders?

A. Yes/No *(If No, skip to the next section)*

36. How many treatment staff were licensed and/or certified in the following areas during the reporting period? Enter zero (0) if your program does not have certain licensed and/or certified treatment staff in these areas.

A. Substance use disorder: \_\_\_\_\_

B. Mental health treatment: \_\_\_\_\_

C. Co-occurring treatment: \_\_\_\_\_

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37. Do the program partners conduct cognitive behavioral therapy to address criminogenic risk/needs assessments?

- A. Yes/No  
 B. If Yes, explain what therapy practice you use:\_\_\_\_\_

38. Was your program partner able to connect participants to the following services, either directly or through referrals? *Select all that apply.*

	Services Rendered	Service not available in our area	Yes, directly through the program	Yes, through referral to other providers	No
A.	Treatment for mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	Treatment for substance use disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.	Treatment for co-occurring disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.	Employment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.	Education services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F.	Housing services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G.	Cognitive-based services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H.	Therapy and/or counseling services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I.	Medical and/or psychiatric services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J.	Civil legal aid services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K.	Financial aid services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L.	Other services; list each service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## TRAINING

Please answer the following questions for this reporting period only.

39. Did the program provide or facilitate training to program staff (or individuals involved in the program) during the reporting period?

- A. Yes/No (*If No, skip to question 48*)  
 B. If Yes, how many trainings were completed during the reporting period? \_\_\_\_\_

40. 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 (5) 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]	<ul style="list-style-type: none"> <li>• Grant funds</li> <li>• National Training and Technical Assistance Center (NTTAC)</li> <li>• Other Office of Justice Programs (OJP) funds</li> <li>• Other</li> <li>• Unknown</li> </ul>

41. 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

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

43. Number of officers receiving mental health and stabilization training: \_\_\_\_\_

44. Number of officers trained in selected mental health response models: \_\_\_\_\_

45. Percentage of shifts covered by trained officers: \_\_\_\_\_

46. Percentage of dispatchers trained on mental health response models: \_\_\_\_\_

47. Number of mental health-related calls responded to by a trained officer: \_\_\_\_\_

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## TECHNICAL ASSISTANCE

48. Did program staff receive any technical assistance during the reporting period?

- A. Yes/No (*If No, skip to next section*)
- B. If Yes, how many separate technical assistance providers did you work with during the reporting period? \_\_\_\_\_

49. For each technical assistance provider you interacted with during the reporting period, please enter the following information. Indicate (1) who provided the training, (2) the topic, (3) the nature of the contact, (4) the number of engagements, (5) your level of satisfaction, (6) any feedback on the encounter, and (6) which funds you used to provide the technical assistance. You may report five (5) contacts per reporting period. *The number of entries should equal the number you entered in question 48B (up to five [5] per quarter).*

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

50. Will your grant program be able to directly apply the knowledge obtained through technical assistance?

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

51. Describe the impact that the technical assistance may have on specific outcomes/objectives related to the goals of your program.

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## CLOSEOUT QUESTIONS

*[Closeout Only]*

### Programmatic Adjustments

1. 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:  
\_\_\_\_\_
2. 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

3. Have you used Connect and Protect funding towards system-level changes or improvements to organizational capacity?
  - A. Yes/No (*If No, skip to the next section*)
4. Please indicate which of the following areas received systemic improvements (i.e., policies, procedures, processes) as a result of this Connect and Protect award. Select all that apply.
  - A. \_\_\_ Treatment services
  - B. \_\_\_ Recovery support services
  - C. \_\_\_ Implementation of evidence-based practices
  - D. \_\_\_ Screening for behavioral health disorders
  - E. \_\_\_ Criminogenic risk/needs assessment tools and/or processes
  - F. \_\_\_ Collaboration (e.g., partnerships, contracts, etc.)
  - G. \_\_\_ Data collection and utilization
  - H. \_\_\_ Information sharing
  - I. \_\_\_ Case management
  - J. \_\_\_ Other
5. For each selection made in question 4, please provide a brief explanation of the improvements made. \_\_\_\_\_

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## SEMIANNUAL NARRATIVE QUESTIONS

These questions should be completed in January and July and at the close of the grant, based on the previous or next 6 months.

**Please answer the following questions for each goal related to your program.**

1. Please identify the goal(s) you hope to achieve with your funding. If you have multiple goals, please report on each separately (one at a time) and repeat questions 1–4 for each goal. Please provide the goals as listed in your grant application or as adjusted through a Grant Adjustment Notice.
- 

2. What is the current status of this goal?

- A. Not yet started
- B. In progress
- C. Delayed
- D. Completed
- E. Goal no longer applicable

3. During the past 6 months, please describe any progress you made or barriers you encountered related to this goal.
- 

4. In the next 6 months, what major activities have you planned for this goal?
- 

5. Do you have another goal you hope to achieve with your grant funding?

- A. Yes (*If Yes, repeat questions 1–4 for each additional goal*)
- B. No (*If No, go to the next question*)

**Please answer the following questions based on your overall activity during the previous 6 months.**

6. Did you receive or do you desire any assistance from BJA or a BJA-funded technical assistance provider? **Select all that apply.**

- A. Yes, we received assistance (describe)  
\_\_\_\_\_
- B. Yes, we would like assistance or additional assistance (describe)  
\_\_\_\_\_
- C. No

7. Based on your knowledge of the criminal justice field, are there any innovative programs/success stories that you would like to share with BJA?
- 

**THANK YOU FOR PARTICIPATING**

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