

BUREAU OF JUSTICE ASSISTANCE BYRNE STATE CRISIS INTERVENTION PROGRAM PERFORMANCE MEASURES QUESTIONNAIRE

The following pages outline general questions and performance measures for the Bureau of Justice Assistance (BJA) Byrne State Crisis Intervention Program (SCIP).

GOALS AND OBJECTIVES

An extreme risk protection order (ERPO) is an effective, common-sense measure to empower family members, health care providers, school officials, or law enforcement officers to petition a court to temporarily prevent a person from accessing firearms if they are found to be a danger to themselves or others (see the [June 7, 2022 Statement of Administration Policy](#)). In 2021, the U.S. Department of Justice released [model legislation](#) to help states create their own ERPO systems that could provide opportunities for such intervention before warning signs turn into tragedy. The Bipartisan Safer Communities Act also seeks to ensure that ERPO laws—commonly referred to as “red flag laws”—and programs are implemented in accordance with the Constitution and provide for adequate due process protections. Programs must ensure the accused has the right to an in-person hearing, the right to know opposing evidence, and the right to be represented by counsel at no expense to the government.

As authorized by the Bipartisan Safer Communities Act of 2022, Byrne SCIP provides formula funds to implement state crisis intervention court proceedings, ERPOs, and related programs or initiatives, including, but not limited to, mental health courts, drug courts, veterans treatment courts, and ERPO programs that work to keep guns out of the hands of those who pose a threat to themselves or others.

Structure of the Questionnaire

The Byrne SCIP Performance Measure Questionnaire contains performance measures and narrative (e.g., goals and objectives) questions. Complete the performance measures in the BJA Performance Measurement Tool (PMT) four times per year to report on your activity during the prior 3 months, also known as a reporting period. Complete the goals and objectives questions twice each year.

Roles and Responsibilities for Completion

BJA’s expectation is that the person completing these questions will know the status and progress of all aspects of your Byrne SCIP. Therefore, your agency’s SCIP coordinator/grantee point of contact (POC), or another designated person with working knowledge of the SCIP project, should complete these questions on your SCIP initiative’s behalf. Your agency should also consult with your research partner and other partner agencies to complete these responses.

Reporting Periods

In July and January of each year, you will be responsible for creating a report from the PMT that you upload into the Justice Grants System (JustGrants). This is known as the JustGrants report. During the non-submission reporting periods, you are encouraged to create reports for your records, but you will not upload them to JustGrants. Enter your responses to the questions that follow in the PMT at <https://www.bjaperformancetools.org>. For questions regarding the PMT, data entry, and system errors, contact the PMT Helpdesk via email at bjapmt@usdoj.gov.

If you have questions about your program, please contact your State Policy Advisor (SPA) at <https://www.bja.gov/About/Contacts/ProgramsOffice.html>.

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 System (JustGrants).*

A. Yes/No. *(If Yes, answer the Semiannual Narrative Questions.)*

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 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"/>
<i>If Other, please explain:</i> _____	

PARTNERSHIP ACTIVITIES

3. Have you established the required Crisis Intervention Program Advisory Board in place to help guide your program?

A. Yes.

B. No.

C. If No, please explain what steps are being taken to establish an Advisory Board:

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4. Indicate which Advisory Board participants are actively engaged with your grant-funded program. *Applicants must form a board that includes, but is not limited to, representatives from law enforcement, the community, courts, prosecution, behavioral health providers, victim services, and/or legal counsel. [Carry forward]*
- A. State law enforcement.
 - B. Local law enforcement.
 - C. Federal law enforcement (e.g., Federal Bureau of Investigation).
 - D. State prosecutors.
 - E. Local prosecutors.
 - F. Federal prosecutors (e.g., Assistant U.S. Attorney).
 - G. Attorneys general.
 - H. Judges.
 - I. Behavioral health care providers.
 - J. Victim services.
 - K. Schools, colleges, and/or universities.
 - L. Community members.
 - M. If Other, please explain:
-

PROGRAM OVERVIEW

5. Please identify which types of projects your program funding will support. *Select all that apply.*
- A. Specialized court-based programs such as drug, mental health, and veterans treatment courts, including those that specifically accept clients with firearm violations.
 - B. Extreme Risk Protection Order (ERPO) Programs.
 - C. Other related programs and initiatives.
6. Please provide a brief description for each of the projects selected in question 5. *[Carry forward]* _____
7. Does your program include a researcher or a research partner? *Where applicable, this can include state statistical analysis centers or in-house research capacity within your agency. [Carry forward]*
- A. Yes.
 - B. No. *(If No, skip to the next section.)*
8. Provide the primary point of contact (POC) for the researcher/research partner that your agency will be working with as part of Byrne SCIP. *If there has been a change in the researcher/research partner POC, please update. [Carry forward]*
- A. Name: _____
 - B. Contact information:
 - Agency name: _____
 - Phone number: _____
 - Email address: _____

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CRISIS INTERVENTION PROGRAMS AND OTHER RELATED PROGRAMS AND INITIATIVES

9. Please identify which of the following crisis intervention program activities took place (or will take place) using program funds for either a new program or the enhancement of an existing program. *[Carry forward]*

Program Activities	N/A	New Program	Existing Program
Gun violence courts that connect clients who are at risk of committing gun violence or becoming victims of gun violence with community resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other specialty courts (e.g., drug, mental health, and veterans treatment courts) that place a new or special emphasis on clients who are at risk of committing gun violence or becoming victims of gun violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology or information-sharing solutions for ensuring public safety/public health stakeholders such as law enforcement, probation, prosecutors, the courts, and public defenders are informed when a prohibited person attempts to purchase a firearm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development and implementation of validated gun violence risk assessment tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertive community treatment programs that provide case management, and navigation programs to connect at-risk individuals with crisis intervention services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triage services, mobile crisis units (both co-responder and civilian models), and peer support specialists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technological supports and/or telehealth initiatives (e.g., smartphone applications, teleconferencing) to help families and patients navigate mental health and related systems, technology solutions for telehealth visits outside the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral health responses and civil legal responses to support behavioral health responses to individuals in crisis (e.g., civil commitment treatment orders such as outpatient, commitment, or Assisted Outpatient Treatment, establishment of guardians, confidentiality, and the duty to protect others – Not Extreme Risk Protection Order programs [ERPOs]).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. <i>If Other, please explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please identify any additional crisis intervention program activities that took place (or will take place) using program funds for either a new program or the enhancement of an existing program. *[Carry forward]*

11. As of October 2023, this question is no longer required as part of the performance measures. This question has been replaced by the following question.

12. Describe any measures taken to safeguard the constitutional rights of individuals subject to crisis intervention programs or initiatives implemented under this award.

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13. Describe any assistance provided to subrecipients and other program stakeholders related to safeguarding the constitutional rights of individuals subject to crisis intervention programs or initiatives implemented under this award.
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EXTREME RISK PROTECTION ORDERS

14. During the reporting period, were program funds used to carry out Extreme Risk Protection Orders (ERPOs)?
- A. Yes.
- B. No. *(If No, skip to the next section.)*
15. Indicate the type of ERPO activity funded: *Select all that apply.*
- A. Establishing new ERPO Program – Local.
- B. Establishing new ERPO Program – State.
- C. Establishing new ERPO Program – Tribal.
- D. Enhancing ERPO Program – Local.
- E. Enhancing ERPO Program – State.
- F. Enhancing ERPO Program – Tribal.
16. Please identify which of the following activities related to ERPO programs took place (or will take place) using program funds for either a new program or the enhancement of an existing program. *[Carry forward]*

Program Activities	New Program	Existing Program
Planning and research regarding ERPO.	<input type="checkbox"/>	<input type="checkbox"/>
Software or other technologies designed to track relinquished guns.	<input type="checkbox"/>	<input type="checkbox"/>
Technology or risk assessment initiatives designed to support ERPO efforts.	<input type="checkbox"/>	<input type="checkbox"/>
Development and/or delivery of specialized training for law enforcement officers.	<input type="checkbox"/>	<input type="checkbox"/>
Development and/or delivery of training for judiciary and court staff on ERPO proceedings.	<input type="checkbox"/>	<input type="checkbox"/>
Development and/or delivery of training for family members on ERPO.	<input type="checkbox"/>	<input type="checkbox"/>
Development and/or delivery of training for prosecutors on ERPO.	<input type="checkbox"/>	<input type="checkbox"/>
Development and/or delivery of training for fire, medical, and first responders on ERPO.	<input type="checkbox"/>	<input type="checkbox"/>
Development and/or delivery of training for business community, chambers of commerce and local/state human resources professionals.	<input type="checkbox"/>	<input type="checkbox"/>
Development and/or delivery of training for school administrators on ERPO.	<input type="checkbox"/>	<input type="checkbox"/>
Development and/or delivery of training for clergy and religious institutions.	<input type="checkbox"/>	<input type="checkbox"/>
Outreach to the community, elected officials, and those engaging with at-risk individuals regarding ERPO program development, enhancement, and related initiatives.	<input type="checkbox"/>	<input type="checkbox"/>

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Program Activities	New Program	Existing Program
Development of training to assist community, law enforcement, behavioral health professionals, identify and respond to online threats, bullying, and other activity that may lead to gun violence.	<input type="checkbox"/>	<input type="checkbox"/>
Media reports, interviews, or other public information regarding the grant-funded ERPO program.	<input type="checkbox"/>	<input type="checkbox"/>
Publication of best practices regarding ERPO.	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation or assessment of existing ERPO activities.	<input type="checkbox"/>	<input type="checkbox"/>
Other. <i>If Other, please explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

17. Have standards, policies, or protocols for ERPO been developed?

- A. Yes.
- B. No. *(If No, skip to question 19.)*

18. If Yes, select the staff that the ERPO standards, policies, and protocols were developed for.
Select all that apply.

- A. Judiciary.
- B. Law enforcement.
- C. Dispatchers.
- D. Medical first responders.
- E. Behavioral health specialists.
- F. Court staff.
- G. If Other, please explain: _____

For questions 19 through 27, please provide the following information regarding ERPOs requested during the reporting period. Questions 20–24 only apply to court-based programs that are establishing or enhancing ERPO activities. If you are not a court-based ERPO project, you may skip questions 19–27.

19. Types of petitioners: *Select all that apply.*

- A. Not a court-based ERPO project. *(Skip questions 20–24.)*
- B. Person related by blood, marriage, or adoption to the respondent.
- C. Dating partner of the respondent.
- D. Person who has a child in common with the respondent.
- E. Domestic partner of the respondent.
- F. Person who has a biological or legal parent-child relationship with the respondent.
- G. Person who is acting or has acted as the respondent's legal guardian.
- H. School administrators.
- I. Law enforcement.
- J. District attorneys.
- K. Other, please explain: _____

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20. The nature of the precipitating event: *Select all that apply.*

- A. The respondent made suicidal statements online.
- B. The respondent made threats of violence toward others.
- C. Other, please explain: _____

21. Number of petitions received by the program during this reporting period: _____

22. Number of petitions granted by the program during this reporting period: _____

23. Of the petitions granted, how many guns were removed? _____

24. Are local law enforcement, prosecutors, probation, behavioral health specialists, the courts, and public defenders informed when a prohibited person attempts to purchase a firearm?

[Carry forward]

- A. Yes/No.
- B. If Yes, please explain: _____

25. As of October 2023, this question is longer required as part of the performance measures. This question has been replaced by the following question.

26. Describe any measures taken to safeguard the constitutional rights of individuals subject to ERPO programs or initiatives implemented under this award.

_____.

27. Describe any assistance provided to subrecipients and other program stakeholders related to safeguarding the constitutional rights of individuals subject to ERPO programs or initiatives implemented under this award.

_____.

TRAINING AND TECHNICAL ASSISTANCE

Training

28. Did the project provide or facilitate training for stakeholders (e.g., law enforcement, behavioral health providers, or court actors [e.g., prosecutors, judges]) during the reporting period?

- A. Yes.
- B. No.

29. If Yes, how many trainings were completed during the reporting period? _____

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30. For each training completed during the reporting period, indicate: 1) the training topic, 2) the target audience, 3) the number of people trained, and 4) the name of the training provider. *Count each person once per training topic, regardless of how many times they attended the training. You may report five trainings per reporting period. If more than 5 trainings were completed during the reporting period, please submit a separate Excel spreadsheet listing those trainings.*

Training Topic	Date Delivered	Target Audience	Number of People Trained	Training Provider	Link to Media Coverage, Recording of Training, Materials, etc.	Training Format (Online, Conference, Meeting, Board of Directors Meeting, In Service)
[open text]	[month/day/year]	[open text]	[numeric]	[open text]	[insert link]	[open text]

31. Did the project provide or facilitate training to members of the public during the reporting period?

- A. Yes.
- B. No.

32. If Yes, how many trainings were completed during the reporting period? _____

33. For each training members of the public (e.g., friends and family) that was completed during the reporting period, indicate: 1) the training topic, 2) the target audience, 3) the number of people trained, and 4) the name of the training provider. *Count each person once per training topic, regardless of how many times they attended the training. You may report five trainings per reporting period. If more than 5 trainings were completed during the reporting period, please submit a separate Excel spreadsheet listing those trainings.*

Training Topic	Date Delivered	Target Audience	Number of People Trained	Training Provider	Link to Media Coverage, Recording of Training, Materials, etc.	Training Format (Online, Conference, Meeting, Board of Directors Meeting, In Service)
[open text]	[month/day/year]	[open text]	[numeric]	[open text]	[insert link]	[open text]

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34. What outreach and training materials have you developed to support this initiative?

Format	Link	Topic	Target Audience
Webpages.			
Social media outreach (e.g., YouTube, Facebook, X [formerly Twitter], etc.).			
Monographs.			
Webinars.			
Presentations (e.g., PowerPoint).			
Brochures.			
Fact sheets.			
Newsletter, email, or other bulletins.			
Television or radio engagement (e.g., advertisements, spotlights, etc.).			
Other, <i>If Other, please explain: _____</i>			

Technical Assistance

35. Did project staff receive any technical assistance (TA) during the reporting period?

A. Yes/No.

B. If Yes, how many separate TA providers did you work with during the reporting period? _____

36. For each TA provider you interacted with during the reporting period, enter the following information. *The number of entries should equal the number you entered in response to question 35 (up to five per quarter. If more than 5, submit a separate Excel spreadsheet providing the TA provider's information).*

Name of Provider	TA Topic	Number of Engagements	Satisfaction	Feedback on Your Encounters with This Provider
[Open Text]	[National Training and Technical Assistance Center drop down list]	[Positive whole number]	<ul style="list-style-type: none"> • Very satisfied • Satisfied • Neither satisfied nor dissatisfied • Dissatisfied • Very dissatisfied 	[Open Text]

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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 of your grant manager. Set **SMART** 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 (i.e., January and July of each year), based on your grant-funded activities.

1. What were the top three accomplishments this program had during reporting period?

2. What were the top three goals you focused on during this reporting period and what progress did you make towards those goals?

3. List two problems/barriers you encountered within the reporting period that prevented you from reaching your goals or milestones? *If you encountered no problems during this reporting period, you may leave this blank.*

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 are the three major activities 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 with regard to this initiative?

THANK YOU FOR PARTICIPATING!

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