OMB Control NO. XXXXXX

Expiration Date: XX/XX/XXXX

**Survey of State Law Enforcement Liaisons (LELs)**

*Conducted for*

The National Highway Traffic Safety Administration

and the Governors Highway Safety Association

The National Highway Traffic Safety Administration (NHTSA) and the Governors Highway Safety Association (GHSA) are inviting you to participate in a survey about Law Enforcement Liaisons (LELs) and traffic safety. This survey is being conducted for NHTSA and GHSA by TransAnalytics. LELs play an important role in promotion and support of traffic safety throughout the United States. The purpose of this survey is to collect information on the various ways LEL programs are organized and the ways LELs interact with law enforcement to promote and support their traffic safety efforts. This information will help us better understand the roles of LELs and the challenges and issues they experience, so that NHTSA and the GHSA can better assist LELs in carrying out their mission.

If you choose to participate, you will be asked questions about your LEL program and your LEL related activities. In order to get a comprehensive understanding of LELs’ programs and experiences, NHTSA and GHSA are asking for the participation of all State LELs in this survey. The survey can be taken during your LEL work hours and will take about 30-45 minutes to complete.

TransAnalytics and NHTSA will have access to the survey data, but NHTSA and GHSA will **never** have access to your name, address or any other information that personally identifies you.

It is also important that you know:

* There are no right or wrong answers.
* Your responses will be treated in a **secure and confidential** manner.
* Survey reports will present all findings as a whole, so individual responses cannot be identified.
* You might be uncomfortable answering some of these questions.
* Your participation in this survey is **voluntary**. You may skip any questions that you do not want to answer or stop answering at any point.
* If you have questions about the study please call the TransAnalytics Principal Investigator, Lawrence Decina at 215-538-3820, ext. 102.
* If you have questions about your rights as a research participant, please call the toll-free number for the Chesapeake Institutional Review Board, 1-877-992-4724, or email adviser@chesapeakeirb.com and refer to this protocol number: xxxxxxx.

|  |
| --- |
|  ***These questions will confirm whether you are eligible to complete the rest of this survey.*** |
| ***Please check (✓) the best answer and follow the instructions appropriate to your response.*** |

**A. Are you the person to whom this survey was addressed?**

**\_\_\_\_ Yes** *(Please continue to Question B)*

**\_\_\_\_ No** *(You are not eligible to complete the survey. Thank you for your time)*

|  |
| --- |
| **Law Enforcement Liaisons (LELs) serve as an intermediary between the State Highway Safety Offices (SHSOs) or other organizations and Law Enforcement Agencies (LEAs). LELs work to promote and support traffic safety by working with LEAs and related organizations to increase participation in NHTSA-funded traffic safety programs. While most of these positions are called Law Enforcement Liaisons, in some States they are State employees called Traffic Safety Specialists, Program Managers, Grants Managers, or Program Coordinators. They may also have other job titles.** |

**B. Do you serve as a State LEL or serve in a position that performs similar duties?**

**\_\_\_\_ Yes** *(Please continue to Question C)*

**\_\_\_\_ No** *(You are not eligible to complete the survey. Thank you for your time)*

**C. Are you willing to complete the survey?**

\_\_\_\_ **Yes** (*Thank you for your willingness to participate.)*

*\_\_\_\_* ***No*** *(Thank you for your time.)*

**SECTION A: GENERAL OVERVIEW OF YOUR LEL POSITION**

Your responses to the questions in this section will help us understand your LEL position, work environment, and your LEL coverage area.

**1. Select the title of your position as an intermediary between the State Highway Safety Office and Law Enforcement Agencies to promote and support traffic safety and increase participation in NHTSA-funded traffic safety programs** *(check one):*

 \_\_\_ Law Enforcement Liaison (LEL)

 \_\_\_ Traffic Safety Specialist (TSS)

 \_\_\_ Program Manager

 \_\_\_ Grants Manager

 \_\_\_ Program Coordinator

 \_\_\_ Other (*identify title*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The remaining questions in this survey will refer to this position as a “Law Enforcement Liaison” (LEL)***

**2. State LELs work for a number of different employers. Although most State LELs work directly for their State Highway Safety Office (SHSO), some LELs work for both their SHSO and a law enforcement agency. In a few States, LELs are employed by non-profit associations, Universities, and other Government Departments (e.g., Department of Health).**

**What organization or agency are you accountable to, for your work as a LEL?**

(C*heck all that apply. If more than one, please explain)*

\_\_\_ State Highway Safety Office

\_\_\_ Non-Profit Organization/Association

 \_\_\_ Law Enforcement Agency

 \_\_\_ Academic Institution

 \_\_\_State Commission

 \_\_\_ Other *(explain)\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Is your particular LEL position full time or part time?** *(Check one)*

\_\_\_\_ Full time

\_\_\_\_ Part time

**4. Approximately how many hours a week do you work in your LEL position? \_\_\_\_\_**

**5. Indicate the percentage of time you perform your LEL duties from the following locations.** (*Provide a percentage for each item below, and enter 0% if an item does not apply. The percentages for the 4 items should add up to 100%*)***.***

\_\_\_ Work from home residence

\_\_\_ Work in an office housed within the SHSO

\_\_\_ Work in an office housed by other sponsoring agency.

\_\_\_ Travel and out-of-the-office activities in performance of LEL duties (field work, training, site visits to LEAs)

**6. Is there a written description for your LEL position?** *(Check one)*

\_\_\_ Yes

 \_\_\_ No

**7. Do you perform non-LEL-related tasks for your sponsoring agency in addition to your LEL-related responsibilities?** *(Check one)*

 \_\_\_ Yes

 \_\_\_ No

**If YES to Question 7**:

 **7a. Describe these non-LEL-related tasks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. What is the coverage area for your LEL responsibilities?** *(Check one)*

 **\_\_\_** Entire State

 **\_\_\_** Specific region of the State

 \_\_\_ Specific County(ies)

 \_\_\_ Specific municipality (e.g., city, town, township, borough)

 \_\_\_ Specific type of LEA *(if so, check all that apply)*

\_\_\_State police

\_\_\_Sheriffs

\_\_\_Municipal Police Departments (city, town, borough, township, etc.)

\_\_\_ Federal

\_\_\_ Tribal

\_\_\_ Other *(describe)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_** Coverage area varies depending on the highway safety topic

\_\_\_\_ Other *(describe):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Which highway safety program areas are you responsible for, as part of your LEL duties?** *(Check all that apply)*

 \_\_\_Impaired Driving

\_\_\_Occupant Protection

\_\_\_ Distracted Driving

\_\_\_Unsafe (Aggressive) Driving Behavior

\_\_\_ Speed Management

\_\_\_ Motorcycle Safety

\_\_\_ Pedestrian and Bicycle Safety

\_\_\_ School Bus Safety

\_\_\_ Teen Drivers

\_\_\_ Officer Safety

\_\_\_ Traffic Safety Related Training

\_\_\_ General Traffic Enforcement

\_\_\_ Improvement of Traffic Records

\_\_\_ Enhancement of Emergency Services

\_\_\_ Other (*describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Press to Continue to Section B

**SECTION B: YOUR BACKGROUND**

Your responses to the questions in this section will provide information about your background, including length of employment as a LEL, past employment and education.

**10. How long have you been a LEL?** *(Enter number of years)*

 \_\_\_\_ Years

**11. Which of the following best describes your work experience prior to your LEL position?** *(Check one)*

 **\_\_\_** Active law enforcement

 **\_\_\_** Former law enforcement but non-retired from the LEA

 **\_\_\_** Retired law enforcement

 **\_\_\_**Highway safety professional (with non-law-enforcement background)

 **\_\_\_** Other (*describe*): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. If active, former, or retired law enforcement, what is/was your highest rank achieved?** *(Check one. If NOT active, former, or retired law enforcement, check N/A)*

\_\_\_ Chief of Police/Police Commissioner/Superintendent/Sheriff

\_\_\_ Assistant Chief of Police/Assistant Commissioner/Assistant Superintendent

\_\_\_ Deputy Chief of Police/Deputy Commissioner/Deputy Superintendent/Chief Deputy/undersheriff

\_\_\_ Inspector/commander

\_\_\_ Colonel

\_\_\_ Major/deputy inspector

\_\_\_ Captain

\_\_\_ Lieutenant

\_\_\_ Sergeant

\_\_\_ Corporal

\_\_\_ Detective/Inspector/Investigator

\_\_\_ Officer/Deputy

\_\_\_Other (*describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ N/A (Not law enforcement)

**13. What is your highest educational credential?** (C*heck one)*

 \_\_\_ General Equivalency Diploma (GED)

\_\_\_ High school diploma

\_\_\_ Associate’s Degree (AA)

\_\_\_ Bachelor’s Degree (BA, BS)

\_\_\_ Master’s degree (MA, MS)

\_\_\_ Ph.D.

\_\_\_ Other professional degree *(describe):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. Did you graduate from a State-certified or an accredited police academy?**

\_\_\_ Yes

 \_\_\_ No

**If YES to Question 14:**

 **14a. Enter the name of the police academy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Press to Continue to Section C

**SECTION C: YOUR LEL DUTIES AND RESPONSIBILITIES**

Your responses to the questions in this section will help us understand what activities you do in performance of your LEL position.

**15. What instructor training qualifications do you hold?** *(Please describe. If none, please type none in the box below)*

**16. In which of the following activities do you participate, as part of your LEL work?**

(*Check all that apply*)

**Grant-Related Activities**

\_\_\_ Site visit recruitment (face to face) of law enforcement agencies (LEAs) to participate in NHTSA highway safety program grants

\_\_\_ Email, telephone contact recruitment of law enforcement agencies (LEAs) to participate in NHTSA highway safety program grants

\_\_\_ Manage programs receiving grant funding

\_\_\_ Track grantee enforcement activity (hours, citations)

\_\_\_ Track grantee public outreach activity

\_\_\_ Create and monitor enforcement budgets

\_\_\_ Observe enforcement activity of participating LEAs during their implementation of highway safety programs

\_\_\_ Conduct program audits

\_\_\_ Prepare periodic activity reports

\_\_\_ Prepare other reporting requirements (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training**

\_\_\_ Participate in train-the-trainer classes or training in data collection methods (training to improve others’ knowledge, skills, and abilities)

\_\_\_ Participate in professional development training (training to improve your own knowledge, skills, abilities)

\_\_\_ Train LEAs with various training programs *(check all that apply*)

 \_\_\_ARIDE

 \_\_\_DRE

 \_\_\_SFST

 \_\_\_Speed Management

 \_\_\_ TOPS

 \_\_\_ Below 100

 \_\_\_ Large Truck and Bus

 \_\_\_ Motorcycle Enforcement

 \_\_\_ Seat Belt Observations

 \_\_\_ School Education

 \_\_\_ Use of data for HVE programs

 \_\_\_ Child Passenger Safety

 \_\_\_ Other: (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Providing Resources/Technical Support**

\_\_\_ Provide data and information to LEAs

\_\_\_ Determine equipment needs for mobilizations

\_\_\_ Plan/develop mobilizations/programs

\_\_\_ Plan/develop border to border activities

\_\_\_ Coordinate earned media efforts

\_\_\_ Provide guidance and technical support to improve the effectiveness of enforcement strategies such as checkpoint operations, officer safety, data collection, etc.

\_\_\_ Develop officer award/recognition programs

**Conferences/Meetings**

\_\_\_ Attend/present/display booth at local highway safety events

\_\_\_ Attend/present/display booth at regional highway safety meetings

\_\_\_ Attend officer recognition ceremonies

\_\_\_ Present programs to the community (e.g., schools, EMTs, and businesses)

**Promote Programs**

\_\_\_\_Promote highway safety campaign calendar

\_\_\_\_Provide link and act as point of contact between law enforcement community and SHSO

\_\_\_ Develop and maintain close working relationships with traffic courts

\_\_\_\_Build relationships with SHSO staff and State DOTs/DMVs

\_\_\_ Build relationships with LE partners, advocates, stakeholders, and non-LE partners

**Other**

\_\_\_ Other responsibilities (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**17. In a typical month, how many in-person LEA site visits do you make?**

*(Enter Number):* **\_\_\_\_\_\_**

**17a. How many of those entered for Question 17 are LEAs that do not participate in NHTSA’s highway safety grant-funded activities?**

**\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_** Don’t Know

**18. Are you responsible for providing services to all LEAs in your area of responsibility, or only to highway safety program grantees within your area of responsibility**? (*Check one)*

\_\_\_ All LEAs in my area of responsibility

\_\_\_Only to grantees within my area of responsibility

**19. How many presentations did you make at local, regional, or national highway safety conferences in the past 12 months?**

*(Enter Number)* **\_\_\_\_\_\_**

**20. Use the rating scale below to rate the importance of each characteristic for meeting your LEL job responsibilities.** *(For each item below, check a category from 1 = “Not important at all,” to 5 = “Absolutely Essential”)*

| **Characteristics** | ***1******Not Important*** ***at All*** | ***2******Slightly Important*** | ***3******Moderately Important*** | ***4******Very*** ***Important*** | ***5******Absolutely Essential*** |
| --- | --- | --- | --- | --- | --- |
| **20a. Graduation from an accredited law enforcement agency (e.g., a “peace officer” certification, in some States).**  |  |  |  |  |  |
| **20b. Bachelor’s degree from an accredited college/university** |  |  |  |  |  |
| **20c. Law enforcement supervisory, administrative, and/or command level position and experience** |  |  |  |  |  |
| **20d. Demonstrated knowledge, understanding, and application of State traffic safety laws** |  |  |  |  |  |
| **20e. Traffic law enforcement experience** |  |  |  |  |  |
| **20f. Knowledge of general police methods, practices and procedures** |  |  |  |  |  |
| **20g. Knowledge of State highway safety grant programs and administration** |  |  |  |  |  |
| **20h. Prior experience in your assigned highway safety program area(s)** |  |  |  |  |  |
| **20i. Specific jurisdictional crash data knowledge**  |  |  |  |  |  |
| **20j. Understanding of traffic safety data, trends and analysis** |  |  |  |  |  |
| **20k. Connections with LEAs in jurisdiction** |  |  |  |  |  |
| **20l. Experience training others** |  |  |  |  |  |
| **20m. Participation in continuing education training** |  |  |  |  |  |
| **20n. Good oral communications skills** |  |  |  |  |  |
| **20o. Good written communications skills** |  |  |  |  |  |
| **20p. Computer proficiency** |  |  |  |  |  |
| **20q. Strong interpersonal skills** |  |  |  |  |  |
| **20r. Facilitation and leadership experience** |  |  |  |  |  |
| **20s. Ability to manage multiple, concurrent tasks/relationships** |  |  |  |  |  |
| **20t. Project management, administrative process and procedure, and management abilities** |  |  |  |  |  |
| **20u. Developing or acquiring promotional material/equipment** |  |  |  |  |  |
| **20v. Other (*Specify*)** |  |  |  |  |  |
| **20w. Other (*Specify*)** |  |  |  |  |  |

**21. What information are you required to maintain and report to your supervisor or manager, in performance of your LEL responsibilities?** (*Check all that apply*)

\_\_\_ Number of LEA contacts made remotely (not in-person)

 \_\_\_ Number of in-person LEA visits/meetings

 \_\_\_ Number of grantees

\_\_\_ Number of participating LEAs (full and mini mobilizations)

 \_\_\_ Number of training sessions conducted

 \_\_\_ Number of officers trained

\_\_\_ Quantity of public outreach material distributed to LEAs and their programs

\_\_\_ Attendance at local highway safety events and regional conferences

\_\_\_ Other (*Specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Press to Continue to Section D

**SECTION D: HOW YOU COMMUNICATE WITH OTHERS IN PERFORMANCE OF YOUR LEL DUTIES**

Your responses to the questions in this section will help us understand who you communicate with, the methods you use for your communications, and what you believe to be the most effective means of communication with others.

**22. How frequently (on average) do you communicate with each of the following?** *(For each entity, place a check mark in one of the frequency boxes. If you selected “other” please explain).*

|  |  |  |
| --- | --- | --- |
| **Individuals you Interact With in Performance of your LEL work** | **Frequency of Communications:**  | **Describe “Other”** |
| **Daily** | **Weekly** | **Monthly** | **Quarterly** | **Twice a year** | **Once a year** | **Never** | **Other** |
| **22a. Line level law enforcement officers** |  |  |  |  |  |  |  |  |  |
| **22b. LE Supervisors/Managers** |  |  |  |  |  |  |  |  |  |
| **22c. LE executives (Chiefs, Sheriffs, State police executives)** |  |  |  |  |  |  |  |  |  |
| **22d. LELs within your State** |  |  |  |  |  |  |  |  |  |
| **22e. LELs outside your State** |  |  |  |  |  |  |  |  |  |
| **22f. Your LEA Grantees**  |  |  |  |  |  |  |  |  |  |
| **22g. Your non-grantee LEAs** |  |  |  |  |  |  |  |  |  |
| **22h. Prosecutors** |  |  |  |  |  |  |  |  |  |
| **22i. Judiciary** |  |  |  |  |  |  |  |  |  |
| **22j. Traffic Engineers** |  |  |  |  |  |  |  |  |  |
| **22k. NHTSA Regional Office** |  |  |  |  |  |  |  |  |  |
| **22l. GHSA NLELP Manager** |  |  |  |  |  |  |  |  |  |
| **22m. NHTSA Headquarters: LEL or other Program Managers** |  |  |  |  |  |  |  |  |  |
| **22n. Your supervisors from the SHSO or other sponsoring agency** |  |  |  |  |  |  |  |  |  |
| **22o. Highway Safety Office: other than your supervisors** |  |  |  |  |  |  |  |  |  |
| **22p. Other** *(describe)* |  |  |  |  |  |  |  |  |  |
| **22q. Other** *(describe)* |  |  |  |  |  |  |  |  |  |
| **22r. Other** *(describe)* |  |  |  |  |  |  |  |  |  |

**23. Use the rating scale below to rate the effectiveness of the following modes of communication with prospective LEA grantees.**

*(For each item, check a category from 1 = “Not effective at all,” to 5 = “Extremely Effective.” If you have never used a particular method, check N/A.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Communication Mode | *1**Not Effective**at All* | *2**Slightly Effective* | *3**Moderately Effective* | *4**Very**Effective* | *5**Extremely Effective* | *N/A**Have never used* |
| **23a. Telephone and/or conference calls** |  |  |  |  |  |  |
| **23b. Email - personal messages** |  |  |  |  |  |  |
| **23c. Email – eblasts** |  |  |  |  |  |  |
| **23d. Website** |  |  |  |  |  |  |
| **23e. Social media (Facebook/Twitter posts)** |  |  |  |  |  |  |
| **23f. Fax** |  |  |  |  |  |  |
| **23g. Mailings** |  |  |  |  |  |  |
| **23h. LEL Webinars** |  |  |  |  |  |  |
| **23i. LEL Traffic Stop** |  |  |  |  |  |  |
| **23j. LEL Newsletter** |  |  |  |  |  |  |
| **23k. In-person (face-to-face) meetings** |  |  |  |  |  |  |
| **23l. Law enforcement organizational meetings (i.e., chiefs, FOP, advisory board, etc.)** |  |  |  |  |  |  |
| **23m. Conversation/presentations at local/regional conferences/banquets/special events** |  |  |  |  |  |  |

Press to Continue to Section E

**SECTION E: MATERIALS AND RESOURCES YOU USE IN YOUR DAY-TO-DAY LEL ACTIVITIES**

Your responses to the questions in this section will provide information about the materials and resources you use in performance of your LEL duties, and how useful they are to you.

**24. Which of the following resources do you access to support your work, and how often do you access each?** *(For each resource, place a check mark in one of the frequency boxes. If you selected “other” please explain).*

| **Resources** |  | **Frequency of Access to Support LEL Work** |  |
| --- | --- | --- | --- |
| **Daily** | **Weekly** | **Monthly** | **Quarterly** | **Twice a year** | **Once a year** | **Never** | **Other** | **Describe “Other”** |
| **24a. Established training criteria (e.g., Traffic Safety Institute/TSI training material)** |  |  |  |  |  |  |  |  |  |
| **24b. Grants management manuals/guidance (e.g., funding policy, OMB cost principles, performance measures** |  |  |  |  |  |  |  |  |  |
| **24c. State Highway Safety Plans** |  |  |  |  |  |  |  |  |  |
| **24d. FAST Act Legislation (e.g., legislation, factsheets, guidance, and regulations)** |  |  |  |  |  |  |  |  |  |
| **24e. NHTSA Website** |  |  |  |  |  |  |  |  |  |
| **24f. TrafficSafetyMarketing.gov** |  |  |  |  |  |  |  |  |  |
| **24g. NHTSA Regional Web Page** |  |  |  |  |  |  |  |  |  |
| **24h. Data Sites (e.g., NHTSA, FHWA, for crash data)** |  |  |  |  |  |  |  |  |  |
| **24i . LEL Webinar Series** |  |  |  |  |  |  |  |  |  |
| **24j. Internal policy manuals** |  |  |  |  |  |  |  |  |  |
| **24k. NLELP website** |  |  |  |  |  |  |  |  |  |
| **24l. NLELP Podcasts** |  |  |  |  |  |  |  |  |  |
| **24m. Twitter and Facebook postings of NLELP** |  |  |  |  |  |  |  |  |  |
| **24n. Local/in-State LEL electronic networks** |  |  |  |  |  |  |  |  |  |
| **24o. LEL list serve** |  |  |  |  |  |  |  |  |  |
| **24p. Weekly LEL email (Traffic Stop)** |  |  |  |  |  |  |  |  |  |
| **24q. Quarterly LEL Newsletter (The LEL)** |  |  |  |  |  |  |  |  |  |
| **24r. Other** *(describe)* |  |  |  |  |  |  |  |  |  |
| **24s. Other** *(describe)* |  |  |  |  |  |  |  |  |  |
| **24t. Other** *(describe)* |  |  |  |  |  |  |  |  |  |

**25. Are you aware of TrafficSafetyMarketing.gov?** *(Check one)*

\_\_\_ Yes

 \_\_\_ No

**If YES to Question 25:**

**25a. Do you use materials found on TrafficSafetyMarketing.gov?** *(Check one)*

\_\_\_ Yes

 \_\_\_ No (explain why): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YES to Question 25a:**

**25b. Which materials do you use?** *(Check all that apply)*

\_\_\_ Products for Enforcement Action Kits (PEAK)

\_\_\_ Posters

\_\_\_ Banners

\_\_\_ Images or Logos

\_\_\_ Fact Sheets

\_\_\_ Press Releases

\_\_\_ Flyers

\_\_\_ Radio ads

\_\_\_ TV ads

\_\_\_ Forms

\_\_\_ Tool Kits

\_\_\_ Other (*describe)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25c. On a rating scale from 1 (not useful at all) to 5 (extremely useful), rate the overall usefulness of the materials on TrafficSafetyMarketing.gov.** *(check one).*

\_\_\_ 1: Not Useful at all

\_\_\_ 2: Slightly Useful

\_\_\_ 3: Moderately Useful

\_\_\_ 4: Very Useful

\_\_\_ 5: Extremely Useful

**25d. If you rated the overall usefulness as a 1 or 2, please explain why and what would make the materials more useful. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Press to Continue to Section F

**SECTION F: TRAINING YOU HAVE RECEIVED AS A LEL**

Your responses to the questions in this section will provide information about your LEL training as well as any other training you may have received to support your LEL duties.

**26. Check whether you have attended any of the following training programs:** *(Check Yes or No for each Course)*

|  |  |  |
| --- | --- | --- |
| **Name of Course** | **Yes** | **No** |
| **26a. Law Enforcement Liaison Professional Development**  |  |  |
| **26b. Instructor Development** |  |  |
| **26c. Communication Skills for the Highway Safety Professional**  |  |  |
| **26d. Managing Highway Safety Programs** |  |  |
| **26e. Managing NHTSA Grant Funds** |  |  |
| **26f. Data Driven Approaches to Highway Safety Planning** |  |  |
| **26g. Speed Program Management** |  |  |
| **26h. Impaired Driving Program Management** |  |  |
| **26i. Aging Road User Program Management** |  |  |
| **26j. Motorcycle Safety Program Management Virtual Live** |  |  |
| **26k. Traffic Occupant Protection Strategies** |  |  |
| **26l. History of Occupant Protection E-learning** |  |  |
| **26m. Occupant Protection Program Management** |  |  |
| **26n. Intro. To Pedestrian & Bicycle Safety Program Management Virtual Live** |  |  |
| **26o. Pedestrian & Bicycle Safety Program Management Workshop** |  |  |
| **26p. Distracted Driving Enforcement Strategies** |  |  |
| **26q. History of Speed Program Management E-learning** |  |  |
| **26r. Educating Law Enforcement Officers on Older Driver Issues** |  |  |
| **26s. ARIDE Online Training** |  |  |
| **26t. ARIDE Classroom Training** |  |  |
| **26u. DRE** |  |  |
| **26v. SFST** |  |  |
| **26w. Impaired Driving Leadership Summit** |  |  |
| **26x. Milestones of Highway Safety Program Development E-learning** |  |  |

**27. Have you participated in any formal/organized training other than the programs listed in Question 26 to prepare you for LEL tasks?** *(Check one)*

\_\_\_ Yes

\_\_\_ No

**IF YES to Question 27:**

**27a. List the name and sponsor of the courses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Press to Continue to Section G

**SECTION G: HOW YOUR INDIVIDUAL JOB PERFORMANCE IS EVALUATED**

Your responses to the questions in this section will provide information about if and how your LEL job performance is evaluated. These questions focus on your individual work performance, not the highway safety outcome performance goals and measures.

**28. Is your LEL work performance evaluated?** *(check one)*

\_\_\_ Yes

\_\_\_ No

**If YES to question 28:**

**28a. Do you know how you will be evaluated at the start of the evaluation period? (e.g., is there a plan, established goals, activity measurements, etc.?)**

*(Check one)*

\_\_\_ Yes *(describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_ No

**28b. How often do you receive feedback regarding your job performance, from your supervisor?** *(Check one)*

 **\_\_\_** Daily

 **\_\_\_** Weekly

 **\_\_\_** Monthly

\_\_\_ Every Other Month (Bi-Monthly)

 \_\_\_ Every Three Months (Quarterly)

 \_\_\_ Every 6 Months (Semi-Annually)

 \_\_\_ Once a year (Annually)

\_\_\_ Other (explain)

**28c. What metrics do your supervisors use to evaluate your work?**

*(Check all that apply).*

\_\_\_ Number of LEA contacts made remotely (not in-person)

 \_\_\_ Number of in-person LEA visits/meetings

 \_\_\_ Number of grantees

\_\_\_ Number of participating LEAs (full and mini mobilizations)

 \_\_\_ Number of training sessions conducted

 \_\_\_ Number of officers trained

\_\_\_ Quantity of public outreach material distributed to LEAs and their programs

\_\_\_ Attendance at local highway safety events and regional conferences

\_\_\_ Performance of the grantees in your area of responsibility (their seat belt and speeding citation and impaired-driving arrest activity during grant-funded enforcement)

\_\_\_\_ Traffic safety outcomes in your area of responsibility (e.g., reductions in fatalities or serious injuries in traffic crashes) (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (*Specify.*)

Press to Continue to Section H

**SECTION H: INFORMATION ABOUT THE LAW ENFORCEMENT AGENCIES WITHIN YOUR AREA OF RESPONSIBILITY**

The following questions deal with the law enforcement agencies within your area of responsibility— how they are recruited and funded, and their participation rate in NHTSA’s highway safety grant programs in the past 12-month period. By “area of responsibility” we mean the population of LEAs you target for participation in grant programs (whether they are defined by geographic area, highway safety program area, or both).

**29. Do the participating LEAs within your area of responsibility receive highway safety grant funding?** (*Check one*)

\_\_\_Yes, all participating LEAs receive grant funding

\_\_\_Some, but not all, participating LEAs receive grant funding

\_\_\_ No, none of the participating LEAs receive grant funding

\_\_\_ Don’t know

**30. How many law enforcement agencies (LEAs) are in your area of responsibility and how many of each participated in highway safety programs in 2016?** *(Specify number of agencies by type)*

|  |  |  |
| --- | --- | --- |
| **Law Enforcement Agency (LEA) Type** | **Total Number of LEAs in Your Area of Responsibility** *(enter 0 if none)* | **Number of LEAs in your area of responsibility who participated** |
| **30a. State Police** |  |  |
| **30b. Municipal departments (city, town, borough, township, etc.)**  |  |  |
| **30c. County sheriff offices** |  |  |
| **30d. Tribal** |  |  |
| **30e. Federal** |  |  |
| **30f. Other agency types (*Identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  |
| **TOTAL** |  |  |

**31. How many LEAs did you recruit in 2016, for grant activity in the following program areas?** *(Specify number of agencies by program area.)*

|  |  |
| --- | --- |
| **Highway Safety Program Area** | **Number of LEAs Recruited in 2016** |
| **31a. Impaired Driving** |  |
| **31b.Occupant Protection** |  |
| **31c. Distracted Driving** |  |
| **31d. Unsafe (Aggressive) Driving Behavior** |  |
| **31e. Speed Management** |  |
| **31f. Motorcycle Safety** |  |
| **31g. Pedestrian and Bicycle Safety** |  |
| **31h. School Bus Safety** |  |
| **31i. Teen Drivers** |  |
| **31j. Improvement of Traffic Records** |  |
| **31k. Enhancement of Emergency Services** |  |
| **31l. Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**32. Do you use crash data to help recruit LEAs to participate in NHTSA’s highway safety programs?** *(Check one)*

\_\_\_ Yes

 \_\_\_ No

**33. Do you participate in the evaluation of grant applications or provide input to the grantee selection process?** *(Check one)*

\_\_\_ Yes

\_\_\_ No

**If Yes to Question 33:**

**33a. Describe the criteria and process used to select LEA grantees.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**34. Do you use any unique approaches to encourage more LEAs to participate in grants and other highway safety activities** *(Check one.)*

\_\_\_Yes

\_\_\_No

 **If YES to Question 34:**

**34a. Describe these unique approaches**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**35. Do you encounter LEAs who refuse or are hesitant to participate in traffic safety and enforcement programs?** (*Check one*)

 \_\_\_\_ Yes

 \_\_\_\_ No

**If you answered YES to Question 35:**

**35a. Identify the LEA types** (*Check all that apply*)

\_\_\_\_ Municipal Police Departments (city, town, borough, township, etc.)

\_\_\_\_ State Police Organizations

\_\_\_\_ Sheriffs’ Offices

\_\_\_\_ University LEAs

\_\_\_\_ Tribal LE

\_\_\_\_ Federal

\_\_\_\_ Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**35b. For agencies you encounter that have been resistant to participate in traffic safety and enforcement programs, how do you respond?** *(check all that apply*)

\_\_\_\_ Discontinue contact until the LEA requests information

\_\_\_\_ Provide information, but do not make additional personal contacts

\_\_\_\_ Continue contacts on a regular basis to encourage participation

\_\_\_\_ Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**36. What percentage of your LEAs are eligible for highway safety grant funding, but do not elect to participate in these funded programs?**

*(Specify a percentage.)* \_\_\_\_\_\_\_%

**37. What reasons do LEAs and law enforcement leaders provide for not participating in these funded traffic safety programs?** *(Check all that apply.)*

\_\_\_\_Competing priorities

\_\_\_\_Insufficient staffing

\_\_\_\_ Insufficient resources (e.g., funding equipment)

\_\_\_\_ Lack of required training

\_\_\_\_ Political permission

\_\_\_\_ Lack of understanding of grant application process

\_\_\_\_ No highway safety champion in the LEA

\_\_\_\_ Prefer to operate independently without grant funding

\_\_\_\_ Require overtime funding for traffic enforcement

\_\_\_\_ Not interested in traffic enforcement

\_\_\_\_ “Program Fatigue”

\_\_\_\_ No perceived traffic safety problem

\_\_\_\_ Data do not support the traffic safety efforts

\_\_\_\_ Minimal traffic volume with few to no crashes occurring

\_\_\_\_Lack of interest by chief/sheriff

\_\_\_\_Lack of interest with officers/deputies

\_\_\_\_Competing overtime opportunities

\_\_\_\_Legal challenges to enforcing current State highway safety law(s) (e.g., prohibitions for using checkpoints; no primary belt laws; specific legislative conditions such as prohibition on the use of speed measuring devices)

\_\_\_\_Disagree with premise of traffic law(s)

\_\_\_\_ Concern for officer safety during traffic stops

\_\_\_ Technical challenges to enforcement exist (e.g., ability to monitor drivers for distraction, observing nighttime seat belt use, etc.)

\_\_\_\_Other *(Specify.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Press to Continue to Section I

**SECTION I: HOW YOU USE TRAFFIC SAFETY PERFORMANCE MEASURES TO DETERMINE THE EFFECTIVENESS OF NHTSA-SPONSORED HIGHWAY SAFETY GRANT ACTIVITIES**

The purpose of the following questions is to learn if and how you use traffic safety outcome, behavior, and activity measures to determine the effectiveness of NHTSA-sponsored highway safety program grants.

**38. Do your highway safety programs use traffic safety performance measures to determine the effectiveness of program activities?** (*Check one.)*

 \_\_\_ Yes

 \_\_\_ No

 \_\_\_ Don’t Know

**If YES to Question 38**

**38a. Describe these traffic safety performance measures and goals (e.g., X% increase in seat belt use; X% reduction in overall traffic fatalities and serious injuries, X% reduction in unrestrained crash injuries and fatalities, % reduction in impaired driving related injuries and fatalities; number of seat belt and speeding citations issued during grant-funded activities, number of impaired driving arrests made during grant funded activities)**

**38b. Who defines the goals for the outcome measures?** (*Check one.)*

\_\_\_ Each LEL defines the goals for their areas of responsibility

\_\_\_ The SHSO (or sponsoring agency) sets the goals

\_\_\_ Collaboration between LEL and SHSO

\_\_\_ Other *(Describe):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Press to Continue to Section J

**SECTION J: INFORMATION ABOUT YOUR STATE LEL PROGRAM**

This section of the survey contains questions that will help us better understand your State’s LEL Program.

**39. How many LEL-type positions (including both full-time and part-time positions) are there in your State?**

*Enter total number (including you*) **\_\_\_\_\_**

**40. Does your State have a standardized process to identify LEAs to be funded versus those who will voluntarily participate in your highway safety programs?** *(Check one.)*

\_\_\_Yes

\_\_\_No

**If YES to Question 40:**

**40a. Describe this standardized process. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**41. Does your State use benchmarks to evaluate the level of enforcement activity of each LEA grantee? (e.g., performance measures for counts of crackdowns and mobilizations, hours worked, citations or warnings written during each, contacts per hour)** *(Check one.)*

\_\_\_Yes

\_\_\_No

**If YES to Question 41:**

**41a. Please elaborate on this standardized process (or upload a document describing the benchmarks and process, if you have one available electronically. See last survey question in Section L for upload link). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**42. What does the LEL program budget in your State include?** *(Check all that apply)*

\_\_\_ LEL Salaries

\_\_\_Travel Costs (e.g., mileage)

\_\_\_ State vehicle

 \_\_\_ Public outreach material

 \_\_\_ Signs, message boards, equipment, etc.

 \_\_\_ Training supplies and equipment

 \_\_\_ Conference fees

 \_\_\_ Meals, motel lodging, other incidentals

 \_\_\_ Recognition material (e.g., ribbons, coins, etc.)

 \_\_\_Other *(Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Press to Continue to Section K

**SECTION K: ADDITIONAL INFORMATION – OPEN FEEDBACK**

If you would like to provide more detailed information about how you perform your LEL duties or how your State’s LEL program works, or ways that you think the LEL position or program could be improved please use the space below.

**43. Please provide any additional information that you believe would be helpful in enhancing our understanding of how you apply your skills and use highway safety resources to reduce motor vehicle-related injuries and fatalities in your State.**

**44. If you have any recommendations about how the LEL position or LEL program could be improved, please provide them here.**

Press to Continue to Section L

**SECTION L: UPLOAD DOCUMENTS**

We would also like to have a copy of your LEL position description, if your State’s LEL program has a written job description, as well as documentation of benchmarks for evaluating level of enforcement activity for LEA grantees.

**45. If there is a written description for your LEL position, please upload a copy, or email, fax, or mail it to the address provided at the end of this survey.**

**

**46**. **If there are written procedures with benchmarks for evaluating level of enforcement activity for LEA grantees, please upload them, or email, fax or mail to the address provided at the end of the survey**.



**Thank you for your time and effort in completing this survey.**

**If you have any questions about this survey or you are planning to email, fax, or mail position descriptions and procedures, please use the contact information below:**

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