BUREAU OF JUSTICE ASSISTANCE
PRESCRIPTION DRUG MONITORING PROGRAM
PERFORMANCE MEASURES

GENERAL AWARD ADMINISTRATION

1. Is this the **last reporting period** for which the award will have data to report?
   For example, were all funds expended and is the award in the process of closing out?

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

2. Was there **grant activity** during the reporting period?
   There is grant activity when the grantee has obligated, expended, or drawn down grant funds to implement objectives proposed in the Bureau of Justice Assistance (BJA)-approved grant application. If you select Yes, the program becomes operational and should remain so until the grant closes out.

   A. Yes/No

   B. If No, please select from the following responses:

Reason(s) for no grant activity during the reporting period	Select all that apply
In procurement	☐
Project or budget not approved by agency, county, city, or state governing agency	☐
Seeking subcontractors (Request for Proposal stage only)	☐
Waiting to hire project manager, additional staff, or coordinating staff	☐
Paying for the program using prior federal funds	☐
Administrative hold (e.g., court case pending)	☐
Still seeking budget approval from BJA	☐
Waiting for partners or collaborators to complete agreements	☐
Other	☐
If Other, please explain.	

3. Select your program category *[Carry forward]:*

   A. Category 1: Prescription Drug Monitoring Program (PDMP) Implementation, Maintenance, and Enhancement Grants *(Respond to Category 1 Awards section.)*

   B. Category 2: Data-driven Response, Multistate Projects, or Advancement of PDMP *(Respond to Category 2 Awards section.)*

CATEGORY 1 AWARDS

4. Please provide a description of how grant funds are being used to implement, maintain, or enhance your PDMP program: _____

PDMP USERS & SYSTEM CAPABILITIES

Baseline Prescriber and User Data

The following questions (5-7) are baseline, so you only need to enter data during the first reporting period in which you have activity. . *[Carry forward]*

5. How many individuals are licensed prescribers in your state? *Report the total number of licensed prescribers as of the last day of the reporting period.* _____
   A. How many licensed prescribers are registered to use the PDMP system? _____
6. How many pharmacies are licensed in your state? *Report the total number of licensed pharmacists on the last day of the reporting period.* _____
   A. How many licensed pharmacies are registered to use the PDMP system? _____
7. How many pharmacists are licensed in your state? *Report the total number of licensed pharmacists on the last day of the reporting period.* _____
   A. How many licensed pharmacists are registered to use the PDMP system? _____

Data Sharing

8. Indicate the interstate data sharing system(s) through which you currently exchange data. *Select all that apply.* *[Carry forward]*
   A. RxCheck hub
   B. PMPi hub
   C. Other, please describe: _____

PDMP DATA USE & INVESTIGATIONS

9. How many entities (e.g., hospitals, pharmacies, facilities, clinics) are integrated (e.g., electronic health records, pharmacy dispensing software, health information exchanges) with your PDMP system? *[Carry forward]*:

   _____

10. How many reports did your program produce during the reporting period? *Please enter "N/A" where you do not have data to report. You must enter a value in each box before the system will let you proceed.*

Type of End User	Number of Solicited Reports to End Users	Number of Unsolicited Reports to End Users
A. Prescribers		
B. Pharmacies/ Pharmacists		
C. Law Enforcement		
D. Regulatory Agencies		
E. Patients		
F. Researchers		
G. Medical Examiners/ Coroners		
H. Drug Treatment Programs		
I. Drug Court Judges		
J. Others, please describe: _____		
K. Total Number of Reports		

Note: *Solicited Reports are reports provided by a PDMP in response to a request from an end user or another PDMP (i.e., requests fulfilled). Unsolicited Reports are reports proactively created by a PDMP and forwarded to an end user or another PDMP.*

11. How many individuals are registered to use the PDMP system to conduct investigations for law enforcement or regulatory purposes? *Report the total number of authorized investigators as of the last day of the reporting period.* _____

    A. How many authorized investigators accessed the PDMP at least once during the reporting period?

    _____

CATEGORY 2 AWARDS

12. Please provide a description of how grant funds are being used to implement data-driven responses, multistate projects, or advancement of PDMP capabilities: _____

ADVANCEMENT OF PDMP CAPABILITIES

13. Are you using grant funds to integrate your PDMP system with other health information technology systems (e.g., electronic health records, pharmacy dispensing software, health information exchanges)?
    A. Yes/No
    B. If Yes, please describe activities undertaken during the reporting period: _____
14. Are you using grant funds to develop or implement any innovative methods for data collection during the reporting period?
    A. Yes/No
    B. If Yes, please describe activities undertaken during the reporting period: _____

PDMP DATA POLICIES, PROCEDURES, AND RULES

15. Did you implement any new and/or revised policies and/or procedures during the reporting period?
    A. Yes/No
    B. If Yes, please describe the policies or procedures that have been created or updated: _____
16. Do you have established access rules regarding data sharing?
    A. Yes/No
    B. If No, please describe your efforts during the reporting period to establish data access rules: _____

DATA DRIVEN DECISION-MAKING

17. Describe your efforts to engage a diverse group of stakeholders to examine the impact of policies and procedures on patients and the community. Include which stakeholders you engaged with, the nature of the engagement, and what was learned and/or accomplished through the engagement: _____
18. Did you use your own PDMP data to inform decision-making during the reporting period?
    A. Yes/No
    B. If Yes, please describe: _____

19. What type of data reports and analytics are being developed to inform local, state, Tribal, and regional efforts to address substance misuse?
    A. Who is/are the intended audience(s) for these reports and/or analytics: _____
    B. Please describe the reports and/or analytics: _____
20. Did you identify any hotspots as a result of any analyses done during the reporting period? *Hotspots include areas of significant prescription drug diversion or abuse activity.*
    A. Yes/No
    B. If yes, please describe the hotspots identified _____
21. Are there any obstacles or reasons why you cannot develop or analyze necessary data?
    A. Yes/No
    B. If Yes, indicate the obstacles you encounter. *Select all that apply.*
        i. State regulations/laws/rules
        ii. Federal privacy rules
        iii. Insufficient staffing to pull the data
        iv. Insufficient staffing to analyze the data
        v. Data are not currently collected in a way that they can be analyzed
        vi. Other, please describe: _____

MULTISTATE COLLABORATIVE EFFORTS

22. Are you collaborating with other states to share data, analysis, and/or best practices/lessons learned? *Select all that apply.*
    A. Yes, sharing data
    B. Yes, sharing analysis findings
    C. Yes, sharing best practices and/or lessons learned regarding policies and procedures
    D. No *(If No, and this is the last reporting period for which the award will have data to report, please proceed to the Closeout section. otherwise, proceed to the Semiannual Narrative Questions.)*
23. Describe the results of this collaboration: _____

CLOSEOUT (BOTH CATEGORIES)

24. Are you conducting an evaluation of the effectiveness of your program?
    A. Yes/No *(If No, skip to Semiannual Narrative Questions.)*
25. What data are you using to assess the effectiveness of your program? *Select all that apply.*
    A. PDMP data
    B. Overdose Death data
    C. Overdose (Non-fatal) data
    D. Qualitative data about drug use patterns (e.g., survey data, focus groups)
    E. Hospital Admissions data
    F. Drug Take Back Program data
    G. Criminal History data
    H. Poison Control data
    I. Prosecutor/Court data
    J. Medical Examiners/Coroners data
    K. Emergency Department data
    L. Substance Abuse and Mental Health Services Administration (SAMHSA) data
    M. Jail Booking data
    N. Pharmaceutical Distribution (e.g., Automation of Reports and Consolidated Orders System [ARCOS]) data
    O. Drug Treatment/Admission data
    P. Medicaid Drug data
    Q. Utilization Reviews data
    R. Motor Vehicle data (e.g., Traffic Accidents)
    S. Neo-natal Abstinence Syndrome data
    T. Child Protective Service (CPS) data
    U. High-Intensity Drug Trafficking Areas (HIDTA)/Drug Task Force data
    V. Arrest data
    W. U.S. Department of Veterans Affairs data
    X. Other, please describe: _____
26. Please describe any findings from your evaluation, including quantitative and qualitative data: _____
27. Did you execute any data-sharing agreements during the award period?
    A. Yes/No
    B. B. If Yes, please enter the number of data sharing agreements developed _____
    C. If Yes, please describe. *Include a description of the states and agencies you are sharing data with, and the data included under the agreement. Please indicate whether the agreement relates to the sharing of PDMP data, the sharing of external data, or both:* _____

SEMIANNUAL NARRATIVE QUESTIONS

Please answer the following questions every semiannual reporting period (January and July of each year), based on your grant-funded activities. Please ensure your responses are complete, comprehensive, and specific to this award.

In this module, you will identify the goals you hope to achieve with your funding. Your goals should align with your approved application and program budget. Once submitted, these goals cannot be changed without approval from your grant manager.

Set **S·M·A·R·T** goals to clarify the scope of your priorities.

- **S**pecific
- **M**easurable
- **A**chievable
- **R**elevant
- **T**ime-bound

If you have multiple goals, please provide updates on each one separately.

1. What were your accomplishments, including any progress made toward achieving your grant-funded program goals during the reporting period? *Your response should outline any actions executed by your agency in the overall implementation of your award, administrative or programmatic. Please ensure your program goals relate back to your approved application and program budget. Generally, you should describe more than one accomplishment.*

   _____

2. What challenges did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

   _____

3. Is there any assistance that BJA (or a TTA provider) can provide to address any challenges identified in Question 2?

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

4. Are you on track to achieve the goals you hope to achieve with your grant funding, both fiscally and programmatically as outlined in your grant application? *(If No, please provide an explanation as to why your agency is not on-track and what your plans are to address the delay.)*

   C. Yes/No
   D. If No, explain: _____

5. What major activities are planned for the next 6 months? *Your response should address the goals and objectives as outlined in the Program Narrative and provide an update on the planned activities in the next 6 months under each goal.*

_____

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

_____

THANK YOU FOR PARTICIPATING!