

BUREAU OF JUSTICE ASSISTANCE
Comprehensive Opioid Abuse Site-based Program
Prescription Drug Monitoring Program (PDMP)
PERFORMANCE MEASURES

The following pages outline general questions and performance measures for the Bureau of Justice Assistance (BJA) *Comprehensive Opioid Abuse Site-based Program (COAP) Grant Program*.

COAP was developed as part of the Comprehensive Addiction and Recovery Act (CARA) legislation of 2016. The purpose of COAP is to provide financial and technical assistance to states, units of local government, and Indian tribal governments to plan, develop, and implement comprehensive diversion and alternatives to incarceration programs that expand outreach, treatment, and recovery efforts to individuals affected by the opioid epidemic who come into contact with justice system.

The goals of COAP are twofold. First, the program aims to reduce opioid misuse and the number of overdose fatalities. Second, the program supports the implementation and enhancement of prescription drug monitoring programs to support clinical decision-making and prevent the misuse and diversion of controlled substances.

PROGRAM OBJECTIVES

The objectives of COAP are to encourage and support cross-system planning and collaboration, develop and implement strategies to identify and provide treatment and recovery support services to “high-frequency” utilizers of multiple systems, expand diversion and alternatives to incarceration programs, expand the availability of treatment and recovery support services in rural or tribal communities through technology, implement and enhance prescription drug monitoring programs, develop multidisciplinary projects that leverage key data sets, and objectively assess the impact of strategies to engage and serve justice-involved individuals with a history of opioid misuse.

STRUCTURE OF THE QUESTIONNAIRE

The *COAP Grant Program* questionnaire contains performance measures and narrative (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 COAP program. Therefore, your agency’s COAP coordinator/grantee point of contact (or another designated person with working knowledge of the COAP project) should complete these questions on your COAP initiative’s behalf. Your agency should also consult with your research partner and other partner agencies to complete these responses.

PMT 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 Grants Management System (GMS). This is the GMS report. During the nonsubmission reporting periods, you are encouraged to create reports for your records, but you will not upload them to the GMS. Enter your responses to the questions that follow in the PMT at <https://bjapmt.ojp.gov>. If you have any questions about the PMT or performance measures, please call the BJA PMT Help Desk at 1-888/252-6867, or send an e-mail to BJAPMT@usdoj.gov.

NOTE: Data collection on these measures will take effect with grant activities occurring from October 1, 2017, through December 31, 2017. Data entry and reporting in the PMT will begin on January 2, 2018. Subsequent data entry will occur quarterly, with a 30-day submission period following the close of the reporting period. If you have questions about your program, please contact your State Policy Advisor (SPA) at <https://www.bja.gov/About/Contacts/ProgramsOffice.html>

BUREAU OF JUSTICE ASSISTANCE
 Comprehensive Opioid Abuse Site-based Program
 Prescription Drug Monitoring Program (PDMP)
PERFORMANCE MEASURES

AWARD ADMINISTRATION

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 (GMS). If you select “Yes,” you will be directed to answer the questions in the Closeout section. This is a one-time-only section that you will respond to prior to report closeout.

- A. Yes/No
- B. If Yes, answer the **Closeout** questions, and create a final report.

GRANT ACTIVITY

1. 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 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	<input type="radio"/>
Project or budget not approved by agency, county, city, or State governing agency	<input type="radio"/>
Seeking subcontractors (Request for Proposal stage only)	<input type="radio"/>
Waiting to hire project manager, additional staff, or coordinating staff	<input type="radio"/>
Paying for the program using prior Federal funds	<input type="radio"/>
Administrative hold (e.g., court case pending)	<input type="radio"/>
Still seeking BJA budget approval	<input type="radio"/>
Waiting for partners or collaborators	<input type="radio"/>
Other	<input type="radio"/>
If Other, please explain	

BUREAU OF JUSTICE ASSISTANCE
 Comprehensive Opioid Abuse Site-based Program
 Prescription Drug Monitoring Program (PDMP)
PERFORMANCE MEASURES

2. Please indicate the amount of project funding you receive from each of the following sources. Please only include funding related to the project outlined in your grant application. The amounts entered should reflect total project funding for the life of the COAP award.

Funding Source		Dollar Amount	Percent
A.	COAP grant funding		<autocalc>
B.	Other (Non-COAP) BJA grant funding		<autocalc>
C.	CDC grant funding		<autocalc>
D.	SAMHSA grant funding		<autocalc>
E.	Other Federal grant funding		<autocalc>
F.	State funding		<autocalc>
G.	Local funding		<autocalc>
H.	Private funding		<autocalc>
I.	Other, please describe: _____		<autocalc>
	Total	(auto fill sum)	(auto fill sum)

BUREAU OF JUSTICE ASSISTANCE
Comprehensive Opioid Abuse Site-based Program
Prescription Drug Monitoring Program (PDMP)
PERFORMANCE MEASURES

MEASURES FOR CATEGORY 5 COAP GRANT

The next series of questions asks about the number of individuals licensed to prescribe or dispense controlled substances in your state, and the number of investigators authorized to access the PDMP system to conduct law enforcement or regulatory investigations. For these questions, you should report the number of people who are licensed or authorized *as of the last day of the reporting period*. For questions about training, you should report the total (cumulative) number trained to use the PDMP system from the date the system became operational *to the last day of the reporting period*. For questions about system access, you should only report the number of people who accessed the system at least once *during the 3-month reporting period*. This should be the number of unique visitors during the reporting period, not the number of times the system was accessed.

Prescribers are individual practitioners authorized to prescribe controlled substances in the jurisdiction of their practice.

Pharmacists are individuals licensed to dispense controlled substances. The term refers to a person, not groups or companies such as retail pharmacies.

Law Enforcement Investigators obtain PDMP data through open investigations and court orders.

Regulatory Agencies monitor health care professionals who prescribe or dispense prescription controlled substances.

Formal training is usually provided in person and involves the use of some form of structured presentation. While formal training often occurs in a classroom setting, it may also take place at a doctor's office, at a hospital, or at some other kind of facility. Formal training may also include Web-based training if such training requires enrollment, follows a well-defined curriculum, and provides some form of certification indicating that the training has been completed successfully.

Informal training ordinarily involves the provision of informational materials by mail or e-mail. Informational materials may also be provided at professional conferences or trade shows.

Downloading materials on the operation of a PDMP system is considered an informal training event and may be counted as such.

Solicited reports are provided by a PDMP in response to a request from an end user or another PDMP (i.e., requests fulfilled).

Unsolicited reports are proactively created by a PDMP and forwarded to another end user or another PDMP.

Schedule I drugs, substances, or chemicals currently have no accepted medical value and are classified as having high potential for abuse leading to severe dependency. Examples include heroin, LSD, peyote, ecstasy, and marijuana. Currently, 22 states and the District of Columbia now allow legal use of marijuana, which is a Schedule I drug.

Schedule II drugs, substances, or chemicals are defined as those with high potential for abuse, leading to psychological or physical dependence, but less so than Schedule I. Examples include cocaine, fentanyl, methamphetamine, methadone, and oxycodone.

Schedule III drugs, substances, or chemicals are defined as having a moderate to low potential for physical and psychological dependence. Examples include ketamine, and Tylenol with Codeine®.

Schedule IV drugs, substances, or chemicals are defined as having low potential for abuse and low risk of dependence. Examples include Xanax®, Valium®, clonazepam, and Ambien®.

Schedule V drugs, substances, or chemicals have a low risk for abuse and dependency; these are generally used for antidiarrheal, antitussive, and analgesic. Examples include Robitussin AC, Lyrica®, and Lomotil.

BUREAU OF JUSTICE ASSISTANCE
 Comprehensive Opioid Abuse Site-based Program
 Prescription Drug Monitoring Program (PDMP)
PERFORMANCE MEASURES

Prescriber Use Mandates¹

3. Under which of the following prescriber use mandates does your PDMP operate?
 - A. Comprehensive prescriber use mandate (mandates that apply to initial controlled substance prescriptions (Schedule II–IV) and at subsequent intervals as determined by state law that is presently in effect
 - B. Prescriber mandate that is presently in effect that applies to initial prescribing of specific classes or schedules of medications but may not require follow-up query as determined by state law that is presently in effect
 - C. Prescriber mandate that is presently in effect that requires prescribers to check the PDMP based on subjective criteria (e.g., prescriber’s judgment)
 - D. Prescriber use mandate of some type that is codified but not in effect until a later date
 - E. No mandate
 - F. Unsure/Don’t know

PDMP System Licensed Prescribers

4. Please enter the following prescriber numbers for your state based on the last day of the reporting period.

Prescriber Information	
Number of Licensed Prescribers in your state	Enter Number
Number of Licensed Prescribers that have been formally trained to use the PDMP system	Enter Number
Number of Prescribers that wrote at least 1 prescription for a controlled substance during the 3-month reporting period	Enter Number
Number of Prescribers in your state registered to use the PDMP system	Enter Number

PDMP System for Licensed Pharmacists

5. Please enter the following pharmacist numbers for your state based on the last day of the reporting period.

Pharmacists	
Number of pharmacists licensed to dispense controlled substances in your state	Enter Number
Number of pharmacists that have been formally trained to use the PDMP system	Enter Number
Number of pharmacists in your state registered to use the PDMP system	Enter Number

¹ Prescriber use mandates are state laws and regulations that require prescribers to view a patient’s PDMP data under certain circumstances; these requirements vary by state.

BUREAU OF JUSTICE ASSISTANCE
 Comprehensive Opioid Abuse Site-based Program
 Prescription Drug Monitoring Program (PDMP)
PERFORMANCE MEASURES

6. Please enter the following pharmacy numbers for your state based on the last day of the reporting period.

Pharmacies	
Number of pharmacies licensed to dispense controlled substances in your state	Enter Number
Number of pharmacies that have been formally trained to use the PDMP system	Enter Number
Number of pharmacies in your state registered to use the PDMP system	Enter Number

Authorized Investigators

7. Please enter the following investigator/regulatory agency numbers for your state based on the last day of the reporting period.

Investigators	
Number of investigators authorized to use the PDMP system that have been formally trained to use the PDMP system	Enter Number
Number of investigators authorized to use the PDMP system to conduct investigations for law enforcement purposes	Enter Number
Number of law enforcement investigators who ran at least one PDMP report during the 3-month reporting period	Enter Number

8. Please enter the following investigator/regulatory agency numbers for your state based on the last day of the reporting period.

Regulatory Agency Personnel	
Number of regulatory agency personnel authorized to use the PDMP system that have been formally trained to use the PDMP system	Enter Number
Number of regulatory agency personnel authorized to use the PDMP system to conduct investigations for regulatory purposes	Enter Number
Number of regulatory agency personnel who ran at least one PDMP report during the 3-month reporting period	Enter Number

DISPENSING INFORMATION: II THROUGH IV SCHEDULES (3 MONTHS)

Dispensing of Opioids Greater than 90 mme Morphine Equivalent

9. During the 3-month reporting period, how many **adults** received prescriptions for opioids with a morphine equivalent greater than 90 mme per day? (*Adults are defined as those individuals 18 years or older.*)

A. Number of adults _____

10. During the 3-month reporting period, how many **youth** received prescriptions for opioids with a morphine equivalent greater than 90 mme per day? (*Youth are defined as those who are under the age of 18.*)

A. Number of youth _____

BUREAU OF JUSTICE ASSISTANCE
 Comprehensive Opioid Abuse Site-based Program
 Prescription Drug Monitoring Program (PDMP)
PERFORMANCE MEASURES

11. How many patients (youth and adults) were prescribed the following scheduled drugs (non-liquid) during the 3-month reporting period?

Schedule of Medication		Youth	Adults
A	Schedule II		
B	Schedule III		
C	Schedule IV		

EXCEEDING 3-MONTH THRESHOLDS: SCHEDULE II-IV

Number of Patients Exceeding 3-Month Thresholds

12. During the 3 months before the last day of the reporting period, how many patients exceeded thresholds A and B for the following categories or groups of categories?

Number of Patients Exceeding Thresholds for Drug Schedules in 3 Months		
	Threshold A: 5+ Prescribers and 5+ Pharmacies in 3 Months	Threshold B: 10+ Prescribers and 10+ Pharmacies in 3 Months
Number of unique patients who exceeded the thresholds for any ONE schedule of drugs in the 3 months before the last day of the reporting period (e.g., Schedule II; OR Schedule III; OR Schedule IV).		
Number of unique patients who exceeded the thresholds for MORE THAN ONE schedule of drugs in the 3 months before the last day of the reporting period (e.g., Schedule II AND III; Schedule II AND IV; Schedule III AND IV).		

PDMP REPORTING

Number of PDMP Reports Produced

13. Do you have legal authority for unsolicited reports in your state?
 A. Yes/No

BUREAU OF JUSTICE ASSISTANCE
 Comprehensive Opioid Abuse Site-based Program
 Prescription Drug Monitoring Program (PDMP)
PERFORMANCE MEASURES

14. How many reports did your system produce during the 3-month reporting period? *Please include reports requested by delegates on behalf of master or primary account holders, and 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 user	Intrastate Reports		Interstate Reports		
	Number of Solicited Reports to End Users In State	Number of Unsolicited Reports to End Users In State	Number of Solicited Reports to End Users In Another State	Number of Unsolicited Reports to End Users In Another State	Number of Solicited Reports to Another PDMP for End Users In Another State
A. Prescribers					
B. Pharmacies					
C. Pharmacists					
D. Law enforcement					
E. Regulatory Agencies					
F. Patients					
G. Researchers					
H. Medical Examiners/ Coroners					
I. Substance Abuse Treatment Programs					
J. Drug Court Judges					
K. Other (please describe below)					
L. Total Number of Reports	AutoCalc	AutoCalc	AutoCalc	AutoCalc	

15. Please describe other users to whom reports were sent.

BUREAU OF JUSTICE ASSISTANCE
Comprehensive Opioid Abuse Site-based Program
Prescription Drug Monitoring Program (PDMP)
PERFORMANCE MEASURES

GOALS AND OBJECTIVES

This module should be completed in January and July by all grantees that had any activity during the reporting period or at the close of the grant, based on the previous or next 6 months.

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.

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 are planned for this goal?

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

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

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

6. BJA likes to showcase grantees who are working on successful, innovative, and/or evidence-based programs. Do you have any noteworthy accomplishments, success stories, or program results from this reporting period that you would like to showcase?

- A. Yes (please share your story at: <https://www.bja.gov/SuccessStoryList.aspx>)
- B. No