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

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 the 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 questions (goals and objectives). 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 January and July 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 non-submission 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 Helpdesk at 1-888-252-6867, or send an e-mail to BJAPMT@usdoj.gov.

NOTE: 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

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 (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 before report closeout.*
    A. Yes/No
    B. 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 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 BJA budget approval	⊙
Waiting for partners or collaborators	⊙
Other	⊙
If Other, please explain	

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3. 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.	Other DOJ 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.	In-kind support		<autocalc>
J.	Other (please describe) _____		<autocalc>
	Total	(auto fill sum)	(auto fill sum)

SITE/PROJECT INFORMATION

This section's purpose is to collect baseline information about your COAP project. All of these questions are required during the first reporting period and will carry forward into subsequent reporting periods. Your responses can be updated as needed.

4. Please provide the name and contact information for the Project Director that your agency will be working with as part of this COAP program. *If there has been a change in the Project Director, please update.* (*Carry-forward*)
    A. Name: _____
    B. Contact information:
        1. Telephone number: _____
        2. E-mail: _____

5. Has there been a change in your COAP Project Director during the reporting period?
    A. Yes. Please explain: _____
    B. No

6. Does your COAP project include a researcher or research partner? (*Carry-forward*)
    A. Yes
    B. No (*Skip to question 9*)

7. Please provide the **primary** POC for the researcher/research partner that your agency will be working with as part of this COAP program. *If there has been a change in the researcher/research partner POC, please update.* *(Carry-forward)*

    A. Name: _____

    B. Research partner POC information:
        1. Name of Agency: _____
        2. Telephone number: _____
        3. E-mail: _____

8. Has there been a change in your COAP researcher/research partner or a significant change in the research team members during the reporting period?

    A. Yes. Please explain: _____

    B. No

9. Do you have a webpage for your program? *(Carry-forward)*

    A. Yes. Please provide the URL: _____

    B. No

10. What geographic area is served by your grant activities? *(Carry-forward)*

    A. ___ A geographic area within a single city/county

    B. ___ A single city/county

    C. ___ Multiple geographic areas within a single state (e.g., multiple cities or counties)

    D. ___ The entire state

    E. ___ Multistate

11. How would you describe the geographic area served by your grant activities? *(Carry-forward)*

    A. ___ Urban (i.e., a large city with 50,000 or more people)

    B. ___ Suburban (i.e., a territory outside of a large city with a population of 2,500 to 50,000 people or more)

    C. ___ Rural (i.e., a territory that encompasses all people and housing not included within a suburban, urban, or tribal area)

    D. ___ Mixed (i.e., some combination of the above designations)

12. Are any of your funds going to a tribal territory or community, and/or does the project serve a tribal community? A tribal territory is one that contains a concentration of people who identify with a federally recognized tribe. *(Carry-forward)*

    A. Yes/No

    B. If Yes, please identify the tribal territory: _____

13. In which of the following ways were data analysis findings applied to your program during the reporting period? *Select all that apply*.
    A. ＿＿＿ Analysis was not conducted this reporting period
    B. ＿＿＿ Analysis was conducted this reporting period, but findings were not applied in any way
    C. ＿＿＿ Informed our understanding of the problem of focus
    D. ＿＿＿ Informed decisions to improve program implementation
    E. ＿＿＿ Incorporated into program evaluation (e.g., outcome, process)
    F. ＿＿＿ Presented as results/recommendations to the program leadership, staff, or workgroup
    G. ＿＿＿ Communicated as results/recommendations to groups outside of the workgroup (e.g., local government, community organizations, media)

14. Please indicate the major obstacles the program faces when providing treatment and recovery support services in your area. *Select all that apply*. (Carry-forward)
    A. ＿＿＿ We are not facing any major obstacles to providing services
    B. ＿＿＿ Lack of public transportation
    C. ＿＿＿ Limited availability of appropriate substance abuse treatment services
    D. ＿＿＿ Limited availability of recovery support services
    E. ＿＿＿ Limited public support for services and/or facilities
    F. ＿＿＿ Limited hours of service
    G. ＿＿＿ Limited client participation/commitment
    H. ＿＿＿ Other (please describe)

15. What obstacles, if any, did you encounter over the last reporting period that has had an impact on your project? *Select all that apply.*
   A. ____ No obstacles or barriers (N/A)
   B. ____ Access to data
   C. ____ Level of referrals to our program
   D. ____ Collaboration/coordination between partner agencies
   E. ____ Hiring project staff
   F. ____ Staff turnover
   G. ____ Retaining treatment providers
   H. ____ Competing agency priorities
   I. ____ Funding
   J. ____ Legal obstacles
   K. ____ Concerns about confidentiality
   L. ____ Differences in program implementation between partners
   M. ____ Technology challenges
   N. ____ Federal grant administration issues (e.g., unable to secure approval)
   O. ____ TTA provider
   P. ____ Other (please describe)

16. Please indicate the extent to which you use the following strategies with regard to your problem of focus (e.g., identifying overdose survivors, increasing the use of diversion or alternatives to incarceration programs). Select **N/A** if the stated strategy is not relevant to your problem of focus. Select **Unavailable** if the stated strategy is not available in your area of service.

Strategy	N/A	Unavailable	Never	Rarely	Sometimes	Frequently
			1	2	3	4
Screening to identify individuals at high-risk for overdose	◉	○	○	○	○	○
Screening to identify individuals with substance use disorders	◉	○	○	○	○	○
Screening to identify crime victims	◉	○	○	○	○	○
Law enforcement diversion programs	◉	○	○	○	○	○
Prosecutor led diversion programs	◉	○	○	○	○	○
Pretrial diversion programs	◉	○	○	○	○	○
Treatment courts (e.g., drug court)	◉	○	○	○	○	○

Strategy	N/A	Unavailable	Never	Rarely	Sometimes	Frequently
Probation services designed to meet the needs of individuals with substance use disorders	●	○	○	○	○	○
Jail or prison-based substance use treatment programs	●	○	○	○	○	○
Reentry programs	●	○	○	○	○	○
Victim services programs	●	○	○	○	○	○
Peer recovery services	●	○	○	○	○	○
Treatment services in rural communities within our service area	●	○	○	○	○	○
Naloxone distribution/deployment	●	○	○	○	○	○
Medication-Assisted Treatment (MAT)	●	○	○	○	○	○
Overdose prevention programs	●	○	○	○	○	○
Public education campaigns	●	○	○	○	○	○
Outreach to other professionals	●	○	○	○	○	○
Hot spot analysis (e.g., identifying geographic areas with a cluster of individuals at high-risk for substance use or overdose)	●	○	○	○	○	○
Targeted educational interventions in hot spots	●	○	○	○	○	○
Substance abuse prevention coalitions	●	○	○	○	○	○

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17. What kind of services are you delivering or do you plan to deliver *remotely*? For each service you provide, please indicate the number of individuals who were served during the reporting period. Enter **N/A** if your program does not and will not offer the particular service remotely. *(Carry-forward)*

Service	N/A	Currently Deliver Remotely	Plan to Deliver Remotely
Screening and assessment	◉	○	○
Group therapy	◉	○	○
Individual therapy	◉	○	○
Prescribing and monitoring of medication	◉	○	○
Supervision check-ins	◉	○	○
Online curriculum	◉	○	○
Court check-ins	◉	○	○
Recovery support services	◉	○	○
Other (please describe)	◉	○	○

18. Please rate the following COAP workgroup partners based on this statement: "This partner was actively involved in the COAP initiative this reporting period." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best for that partner. Please do not rate yourself.* **Leave as "N/A" if you do not have a COAP workgroup.**

This partner is actively involved in the COAP program:	N/A	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
County/city leadership	◉	○	○	○	○	○
Tribal leadership	◉	○	○	○	○	○
Federal law enforcement agencies	◉	○	○	○	○	○
State law enforcement agencies	◉	○	○	○	○	○
Local law enforcement agencies	◉	○	○	○	○	○
High intensity drug trafficking area	◉	○	○	○	○	○
Pretrial service organization	◉	○	○	○	○	○

This partner is actively involved in the COAP program:	N/A	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Prosecutor's office	◉	○	○	○	○	○
Public defender's office/defense attorney	◉	○	○	○	○	○
Courts	◉	○	○	○	○	○
Probation/Parole	◉	○	○	○	○	○
Jail/Corrections administrators	◉	○	○	○	○	○
Reentry services provider	◉	○	○	○	○	○
Health care providers/public health	◉	○	○	○	○	○
Mental health providers	◉	○	○	○	○	○
Substance use disorder treatment providers	◉	○	○	○	○	○
Child protective services	◉	○	○	○	○	○
Community-based service providers (e.g., housing, employment)	◉	○	○	○	○	○
Substance abuse prevention groups	◉	○	○	○	○	○
Recovery community representatives/peers	◉	○	○	○	○	○
Subject matter experts	◉	○	○	○	○	○
Foundations/philanthropic organizations	◉	○	○	○	○	○
Researcher, evaluator, or statistical analysis center	◉	○	○	○	○	○
Victim advocates	◉	○	○	○	○	○
Faith community	◉	○	○	○	○	○
Business community	◉	○	○	○	○	○
Neighborhood community groups	◉	○	○	○	○	○
Other (please describe)	◉	○	○	○	○	○

19. Please rate your level of agreement with the following statement.

The following stakeholders exhibit a high level of collaboration with one another:	N/A	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
		1	2	3	4	5
Criminal courts and child welfare agencies	◉	○	○	○	○	○
Local and state law enforcement	◉	○	○	○	○	○
Local and federal law enforcement	◉	○	○	○	○	○
State and federal law enforcement	◉	○	○	○	○	○
Criminal justice agencies and substance use treatment providers	◉	○	○	○	○	○
Healthcare providers and substance use treatment providers	◉	○	○	○	○	○
Probation/parole and substance use treatment providers	◉	○	○	○	○	○
Victim services and local first responders (e.g. police, fire and emergency medical services [EMS])	◉	○	○	○	○	○

TRAINING AND TECHNICAL ASSISTANCE

This section's purpose is to measure training availability on COAP initiatives during reporting periods. This section also focuses on the frequency and quality of training and technical assistance (TTA) provided by BJA-funded training assistance partners. The overall OJP program measures related to this section are:
- Percentage of grantees receiving technical assistance, and
- Percentage of grantees providing training to staff.

20. Did the COAP project provide or facilitate training to project workgroup members or other groups or organizations (e.g., *first responders, victim service providers, and child protective services professionals*) during the reporting period? *Your workgroup is defined as a larger group of stakeholders who have a vested interest in the project and may include any agencies involved in the planning or implementation of your COAP program. Please also include training provided to first responders, victim service providers, and child protective services professionals.*

  A. Yes

  B. No (Skip to question 22)

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C. If Yes, how many trainings were completed during the reporting period? ____

21. For each of the trainings completed during the reporting period, please indicate the number of individuals who attended the training and the length of the course in hours. *Count each person only once per training topic, regardless of how many times he/she attended the training.*

Training Name	Number of Training Sessions Completed	Number People Trained	Length of Course	Training Provider
[Open text]			[Open text]	[Open text]
[Open text]			[Open text]	[Open text]
[Open text]			[Open text]	[Open text]

22. Did you/your agency/entire workgroup receive any technical assistance from a BJA-funded provider during the reporting period? *Technical assistance can be defined as using a partner for assistance implementing programs, strategic planning, curriculum development, data analysis, meetings, fostering relationships, trainings, research and information requests, and other technical areas that would supplement your COAP program.*
    A. Yes
    B. No (Skip to question 24)
    C. If Yes, how many TTA providers did you work with during the reporting period? ____

23. For each technical assistance provider you interacted with during the reporting period, please enter the following information. *The number of entries should equal the number you entered in question 22C.*

Name of Technical Assistance Provider	Nature of Contact (*select all that apply*)	Number of Engagements	Satisfaction	Feedback on Your Encounters with This TA Provider
[Open text]	Phone call In-person meeting Video conference Site visit Conference Other (if Other, please explain)	[Positive whole number]	Very satisfied Satisfied Neither Satisfied nor Dissatisfied Dissatisfied Very Dissatisfied	[Open Text]

TRAINING DEVELOPMENT

For <u>each</u> training course/curriculum your organization developed that was paid for in full or in part with COAP funds, please answer the following questions. Repeat these questions as necessary to cover all trainings or curricula developed.

24. Were COAP grant funds used to develop a training course or curricula?
    A. Yes. *Materials/curricula should be submitted to BJA via GMS with your progress report.*

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    B.   No (Skip to next section)

25. What type of training course/curriculum was developed?
    A.   ___ Certification training (training required to obtain a certification)
    B.   ___ In-service/annual training (training required to keep certification active or maintain proficiency)
    C.   ___ Skill building (training that increases the skill or knowledge of employees in a particular area)
    D.   ___ Leadership/management (training for managers or administrators)
    E.   ___Conference
    F.   ___ Other (please describe)

26. Please describe the developed training course/curriculum. *Please include the targeted audience, primary sources used in the development of your curriculum, and a brief overview*.
_____
_____

27. How many hours is the training course/curriculum designed to last? *A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course.*

    A.   ___ hours

28. What is the intended mode of delivery for your training course/curriculum? *Select all that apply.*
    A.   ___ Classroom based (e.g., in-person, face to face)
    B.   ___ Web based (e.g., webinar)
    C.   ___ Prerecorded (e.g., training videos)
    D.   ___ Self-study (e.g., manuals, guidebooks, or other materials)
    E.   ___ Other (please describe)

OUTREACH, AWARENESS, AND PREVENTION ACTIVITIES

> The measures in this section are intended to gather information on the community outreach, awareness, and overdose prevention activities in which your COAP program has engaged during the reporting period.

29. Did the COAP funded program conduct any training, outreach, awareness, or prevention activities during the reporting period? *Community outreach and prevention could include activities like producing public service announcements, hosting an online or in-person presentation or meeting, providing training in the use of naloxone, etc. Please do not include internal or external trainings.*
    A. Yes
    B. No (Proceed to next section)

30. Please indicate the type of training, outreach, awareness, and prevention activities supported by COAP during the reporting period. (Select one at a time and enter up to 5 per quarter)
    A. Train individuals on how to use naloxone. (Go to question 31)
    B. Implement a media campaign targeting the general public. (Go to next section)
    C. Provide training and other professional development opportunities to increase the number of providers, including physicians, behavioral health providers, advanced practice nurses, pharmacists, and other health and social service professionals, who are able to identify and treat substance use disorder (SUD) or opioid use disorder (OUD). (Go to questions 32–34)
    D. Increase the number of providers who use a Prescription Drug Monitoring Program. (Go to questions 32–34)
    E. Provide education to improve family members' or caregivers' understanding of evidence-based treatments and prevention strategies for SUD or OUD. (Go to questions 32–34)
    F. Implement or expand community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances. (Go to questions 32–34)
    G. Implement or expand non-law enforcement led school-based prevention programs that are evidence-based to prevent misuse of opioids and other substances. (Go to questions 32–34)
    H. Identify and screen individuals who are at risk of SUD/OUD. (Go to question 35)
    I. Implement or expand drug take-back programs. (Go to questions 36–37)
    J. Implement or expand hepatitis or HIV testing for individuals with OUDs. (Go to question 38)
    K. Implement or expand a syringe exchange program. (Go to question 38)

31. How many of the following types of individuals received training in the use of naloxone through your COAP program during the reporting period? *Please only count individuals in the category that best describes their role.*
    A. General public ____

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B. Opioid users ____
C. Family/friends of opioid users ____
D. Law enforcement ____
E. EMS ____
F. Healthcare workers ____
G. Probation or parole workers ____
H. Social workers or outreach workers ____
I. Recovery coaches ____
J. Criminal justice/corrections staff ____
K. Treatment staff ____
L. Victim service provider ____
M. Youth-serving organizations (e.g., schools, athletic leagues, or faith-based organizations) ____
N. Other (please describe) _____

32. Please select the target audience for the training, outreach, awareness, or prevention activity. *Select all that apply*:
    A. ____ General public
    B. ____ Law enforcement
    C. ____ EMS
    D. ____ Healthcare workers
    E. ____ Probation/parole workers
    F. ____ Social workers or outreach workers
    G. ____ Recovery coaches
    H. ____ Criminal justice/corrections staff
    I. ____ Treatment staff
    J. ____ Family/friends of opioid users
    K. ____ Victim service providers
    L. ____ K-12 schools
    M. ____ Faith based communities
    N. ____ Other youth-serving organizations (e.g., athletic leagues, faith-based organizations)
    O. ____ Other (please describe)

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Data must be entered in the PMT at https://bjapmt.ojp.gov.

33. Please describe the method of delivery for the training, outreach, awareness, or prevention activity. *Select all that apply*:
    A. ____ In-person training/meeting/talk
    B. ____ Online training
    C. ____ Other (please describe)

34. How many total people attended a training, outreach, awareness, or prevention activity during the reporting period?
    A. Number of adults (18+) ____
    B. Number of youth (less than 18) ____
    C. Not tracked ____

35. How many individuals were screened during the reporting period? ____

36. During the reporting period, how many local, state, or national Take Back Day events did you coordinate/participate in with a law enforcement agency?
    A. Number of events ____
    B. Pounds of controlled substances recovered ____

37. During the reporting period, how many pounds of controlled substances were received and disposed of in locations with receptacles where you have assisted with the coordination and installation? *Exclude any controlled substance already reported during Take Back Days (the previous question).*
    A. Pounds of controlled substances received ____
    B. Of those, pounds of controlled substances disposed of ____

38. How many individuals received services during the reporting period? ____

    Add another prevention or outreach activity (up to 5 per quarter)

This questionnaire is to be used only for data collection purposes.
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DIVERSION, RECOVERY SUPPORT, AND SUBSTANCE USE TREATMENT SERVICES

> The measures in this section are intended to describe the number of participants receiving services and the types of services being provided.

39. Please indicate if you used COAP funds to operate any of the following types of programs during the reporting period? Please select only those programs that you are directly supporting with COAP funds.
    (Questions 40–46 required)
    A. First responder/law enforcement diversion program
       (Questions 40–42 required then skip to question 47)
    B. Pretrial diversion program overseen by a pretrial supervision agency
    C. Prosecutor diversion program overseen by a prosecutor's office
    D. Court-based diversion program
    E. Family drug court program
    F. Tribal healing-to-wellness court
    G. Jail-based program focused on programming while inmates are in custody
    H. Jail-based reentry program focused on preparing inmates to leave jail custody
    I. Prison reentry program focused on preparing inmates to leave prison
    J. Probation program (Skip to next section)
    K. We are not using COAP funds to operate any of the above activities

40. How many individuals experienced a non-fatal overdose during the reporting period in your target area? _____

41. What entities refer/identify individuals to your program? *Select all that apply.* (Carry-forward)
    A. ____ Police officer/police employees
    B. ____ Sheriff's department staff
    C. ____ Fire department employees
    D. ____ Emergency medical services staff
    E. ____ Prosecutor's office
    F. ____ Defense attorney/public defender
    G. ____ Pretrial services
    H. ____ Courts
    I. ____ Probation
    J. ____ Parole
    K. ____ Jail/prison staff
    L. ____ Reentry services provider
    M. ____ Substance abuse treatment provider
    N. ____ Child protective services
    O. ____ Court clinician
    P. ____ School staff
    Q. ____ Self-referral
    R. ____ Hospital emergency department staff
    S. ____ Other health care provider
    T. ____ Friends and/or family
    U. ____ Victim service provider
    V. ____ Not applicable

If first responder/law enforcement diversion program is selected in question 39, questions 42–46 are required.

42. Who is the lead agency for the first responder diversion program? If you have co-leads, select all that apply. (Carry-forward)
    A. ____ Sheriff's office
    B. ____ Police department
    C. ____ EMS
    D. ____ Fire department
    E. ____ Combined fire department/EMS
    F. ____ Community/advocacy agency
    G. ____ Social service agency
    H. ____ Behavioral health agency
    I. ____ City, county, or state public health agency
    J. ____ Tribal agency
    K. ____ Other (please describe)

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43. How do individuals enter your first responder diversion program? *Select all that apply.* *(Carry-forward)*
   A. ____ An individual voluntarily initiates contact with a first responder agency for a treatment referral; if contact is initiated with a law enforcement agency, the individual makes the contact without fear of arrest. (Question 45 is required)
   B. ____ A first responder intentionally identifies or seeks an individual(s) to refer or engage with treatment and not for the purposes of criminal investigation. (Question 45 is required)
   C. ____ A first responder or program partner conducts outreach to engage an individual in linkage to treatment, specifically in response to an individual that has had a recent opioid overdose. (Question 45 is required)
   D. ____ A first responder provides treatment referrals/engagement during routine activities (e.g., patrol, response to a service call). NOTE: If law enforcement is the first responder, no charges are filed, or arrests made. (Question 45 is required)
   E. ____ (Only applicable for Law Enforcement led diversion) The law enforcement first responder provides treatment referrals/engagement during routine activities (e.g. patrol); but the person is not booked into the justice system. Instead the charges are held in abeyance or citations are issued that include a requirement for completion of treatment initiation or a treatment plan. (Question 46 is required)
   F. ____ Other (Please describe)

44. Which individuals are identified for intervention in your program? *Select all that apply.* *(Carry-forward)*
   A. ____ Not applicable
   B. ____ Individuals that frequent known opioid use or overdose "hot spot" locations such as drug markets or transient housing
   C. ____ Individuals who are high utilizers of health and/or justice resources
   D. ____ Individuals who are identified through the state Prescription Drug Monitoring Program (PDMP) seeking prescriptions from multiple doctors

45. Are you using any of the following branded models? *Select all that apply:* *(Carry-forward)*
   A. ____ Angel/Police Assisted Addiction and Recovery Initiative (PAARI)
   B. ____ Quick Response Team (QRT)
   C. ____ Law Enforcement Assisted Diversion (LEAD)
   D. ____ Civil Citation
   E. ____ Safe Station
   F. ____ Other (Please describe)

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46. What recovery support services are COAP grant funds supporting in whole or in part? *Select all that apply.*
  A. ____ The program is not providing recovery support with COAP funds (Skip to question 54)
  B. ____ Peer support or recovery coaching
  C. ____ Family counseling
  D. ____ Food and nutrition assistance
  E. ____ Housing support services
  F. ____ Employment assistance
  G. ____ Case management
  H. ____ Faith-based support
  I. ____ Vocational training
  J. ____ Education (e.g., GED support)
  K. ____ Family reunification services
  L. ____ Transportation assistance
  M. ____ Assistance with benefits applications
  N. ____ Tribal/Cultural healing
  O. ____ Other (please describe)

47. Through what mechanisms are referrals to recovery support services made? *Select all that apply*. (Carry-forward)
  A. ____ Individuals receive written information (e.g., card, flyer, brochure or handout) about treatment and/or services resources.
  B. ____ Individuals receive a written referral to a treatment and/or services provider by the program.
  C. ____ Individuals receive a treatment and/or services appointment at a specific date and time by the program.
  D. ____ Individuals receive a "warm handoff" via a personal introduction by the program to treatment/recovery/peer/case managers in real time for assessment and coordination of treatment planning.
  E. ____ Other (please describe)

48. Please enter the number of individuals receiving **recovery support services** through referrals to other agencies/community support groups or through your program. Please count the number of individual with a SUD/OUD. Family members referred to recovery support services should be counted in question 14. *The cumulative total column will automatically display the count of all individuals referred to and receiving recovery support services since your program began reporting data in the PMT.*

Number of People		
Measure	**Number**	**Cumulative Total**
A. During the reporting period, how many individuals were *referred* to recovery support services through your program or other agencies/community support groups? *Please report individuals only the first time they are referred.*		*Auto fill*
B. Of those, how many individuals received recovery support services? *Do not include individuals who began receiving services in a previous reporting period.*		*Auto fill*
C. Of those individuals that were referred to or received recovery support services, how many were identified as crime victims. *If your program is working with a victim service provider, please provide additional information about these individuals in the Supporting Crime Victims Impacted by the Opioid Crisis section.*		*Auto fill*

49. For those participants receiving recovery support services during the reporting period, how many are receiving services for:
    A. Less than 30 days? ____
    B. 30 days or more?   ____

50. For those participants who *stopped* receiving recovery support services during the reporting period, how many received services for:
    A. Less than 30 days? ____
    B. 30 days or more?   ____

51. How many friends/family members of program participants were referred to recovery support services during the reporting period? ____

52. Of those (from question 51), how many were identified as crime victims?
    A. Number identified as crime victims ____
    B. Not tracked ____

53. What substance use or co-occurring treatment services do you fund using your COAP funds? *Select all that apply.*
   A. ____ The program is not providing substance use or co-occurring treatment services with COAP funds (Skip to next section)
   B. ____ Outpatient substance abuse treatment
   C. ____ Intensive outpatient substance abuse treatment
   D. ____ Residential substance abuse treatment
   E. ____ Partial Hospitalization Program (PHP)
   F. ____ Inpatient withdrawal management (detoxification)
   G. ____ MAT (Question 54 required)
   H. ____ Mental health assessment and/or treatment
   I. ____ Family therapy
   J. ____ Trauma treatment

54. Which MAT medications are offered to individuals in the program?
   A. Methadone
   B. Buprenorphine (Suboxone, Subutex)
   C. Naltrexone (Vivitrol)

55. Through what mechanisms are referrals to substance use or co-occurring treatment services made? *Select all that apply. (Carry-forward)*
   A. ____ Individuals receive written information (e.g., card, flyer, brochure or handout) about treatment and/or services resources.
   B. ____ Individuals receive a written referral to a treatment and/or services provider by the program.
   C. ____ Individuals receive a treatment and/or services appointment at a specific date and time by the program.
   D. ____ Individuals receive a "warm handoff" via a personal introduction by the program to treatment/recovery/peer/case managers in real time for assessment and coordination of treatment planning.
   E. ____ Other (please explain)

56. Please enter the number of individuals receiving **substance use or co-occurring treatment services** through referrals to other agencies or through your program. *The cumulative total column will automatically display the count of all individuals referred to and receiving recovery support services since your program began reporting data in the PMT.*

Number of People		
Measure	**Number**	**Cumulative Total**
A. During the reporting period, how many individuals were referred to substance use or co-occurring treatment services either through your program or other agencies you referred them to? *Please report individuals only the first time they are referred.*		*Auto fill*
B. During the reporting period, how many individuals were assessed for substance abuse or co-occurring disorders? *Please report individuals only the first time they are assessed for services.*		*Auto fill*
C. Of those, how many individuals received substance use or co-occurring treatment services? *Do not include individuals who began receiving services in a previous reporting period.*		*Auto fill*

57. On average, how long does it take for an individual to begin receiving substance use or co-occurring treatment services after receiving a referral?
_____ days

58. For those participants receiving substance use or co-occurring treatment services during the reporting period, how many are receiving services for:
   A. Less than 30 days? ____
   B. 30 days or more? ____

59. For those participants who *stopped* receiving substance use or co-occurring treatment services during the reporting period, how many received services for:
   A. Less than 30 days? ____
   B. 30 days or more? ____

60. Since the beginning of the program, how many subsequent **overdose events** did program participants experience (fatal or nonfatal) in the specified period of time following their referral into the program? *Each overdose event should be counted as a separate incident. This measure should be updated each quarter, providing the total over the life of the grant.*
   A. In the first 2 weeks: _____ events
   B. In the first month: _____ events
   C. In the first 3 months: ____ events
   D. In the first 6 months: ____ events

61. Since the beginning of the program, how many **individual participants** experienced subsequent overdose events (fatal or nonfatal) in the specified period of time following

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their referral into the program? *Each person should be counted individually. This measure should be updated each quarter, providing the total over the life of the grant.*
   A. In the first 2 weeks: _____ participants
   B. In the first month: _____ participants
   C. In the first 3 months: ____ participants
   D. In the first 6 months: ____ participants

62. Please indicate the number of program participants who had the specified number of contacts with their case manager during their first 30 days. A contact could include an in-person meeting, phone call, or series of electronic messages.
    A. 0 contacts within 30 days: ____ participants
    B. 1–2 contacts within 30 days: ____ participants
    C. 3–4 contacts within 30 days: ____ participants
    D. 5 or more contacts within 30 days: ____ participants

OPIOID DATA COLLECTION ACTIVITIES

> The measures in this section are intended to gather information about enhanced data collections and analysis efforts funded with COAP dollars.

63. Did your COAP program use grant funds to develop or enhance data collection and analysis? *Select "Yes" if you used funds to support any type of data collection including Overdose Detection Mapping Application Program (ODMAP), overdose fatality review, expedite data collection from medical examiners/medical examiners, etc.).*
    A. Yes (Proceed to next question)
    B. No (Skip to next section)

64. Please indicate if you used COAP funds to operate any of the following types of data collection and analysis during the reporting period? Please select only those programs that you are directly supporting with COAP funds. *Select all that apply. (Carry-forward)*
    A. ____ Implement or expand an overdose fatality review program.
    B. ____ Conduct rapid assessment to quickly gather data in response to a question or crisis requiring timely intervention, such as a spike in overdoses.
    C. ____ Conduct testing of drug paraphernalia such as syringes or glassine bags that are collected from syringe exchange programs or from public areas, where the syringe users are anonymous.
    D. ____ Collaborate with medical examiners or coroners to expedite access to preliminary data on suspected overdose deaths prior to forensic toxicology data.
    E. ____ Expedite toxicology analysis and utilize screening kits and new technology for potentially novel or counterfeit drugs.
    F. ____ Administer voluntary and anonymous interviews and collect urine specimens from arrestees in a booking facility or jail on a monthly or quarterly basis to assess the dimension of the local substance abuse problem.
    G. ____ Implement or expand the use of ODMAP.
    H. ____ Implement systems to identify infants and children exposed to parental opioid.
    I. ____Other (please describe).

SUPPORTING CRIME VICTIMS AND CHILD WELFARE

> The measures in this section are intended to gather information about services provided to crime victims who have been impacted by the opioid epidemic (e.g., drug endangered children, victims of: child abuse or neglect, domestic violence, human trafficking, identity theft).

65. Did your COAP program use grant funds to develop partnerships with a victim service provider(s) to provide assistance to crime victims impacted by the opioid epidemic? *Select "Yes" if you received funds to support a combination of victim services (through a victim services partnership) and general substance use treatment and recovery support services.*
    A. Yes (Proceed to next question)
    B. No (Skip to next section)
    C. If yes, please describe how grant funds are being used (*e.g., how are you working in partnership to support crime victims as well as ensure access to substance abuse treatment and support*) _____

66. Please provide the name of the Victim Service Partner involved in your COAP program. *If there has been a change in the Victim Service Partner, please update. (Carry-forward)*
    A. Name of Agency: _____

67. Has there been a change in your Victim Services Partner during the reporting period?
    A. Yes. Please explain: _____
    B. No

68. During the reporting period, please enter the number of individuals assisted with a victim compensation application during the reporting period. *Count the number of individuals who received assistance with completing a victim compensation application during the reporting period, even if they did not submit the application. Simply providing an individual with an application does NOT qualify as assistance.* _____

69. How many individuals (including anonymous contacts) received services from victim services provider partner(s) during the reporting period? *Count all individuals who were identified as crime victims* (e.g., drug endangered children, victims of: child abuse or neglect, domestic violence, sexual assault, human trafficking, identity theft) *served by the victim service partner(s) during the reporting period. This number should be an unduplicated count of people served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.*

    A. Total number of individuals provided services ____

    B. Total number of individuals receiving services for the first time (i.e., NEW) ____

    Count all individuals receiving services resulting from the COAP program that received services for the first time during the reporting period. This number should be an unduplicated count of identified NEW clients served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.

    C. Total number of **anonymous contacts** _____

    Anonymous contacts are those received by your organization through a hotline, online chat, or other service where the individuality of each contact cannot be established. If your organization did not have any anonymous contacts enter zero (0).

70. Select the types of services provided by the victim services provider partner(s) during the reporting period: *Select all that apply.*

    A. Services were not provided by the victim service provider partner(s) (Move to next section)

    B. Information and Referral

    C. Personal Advocacy/Accompaniment

    D. Emotional Support or Safety Services

    E. Shelter/Housing Services

    F. Criminal/Civil Justice System Assistance

    G. Other services not listed (please describe)

71. Please provide the **number of individuals who received services** by service type AND **number of times each service was provided** during the reporting period. *For each category (items B, C, D, E, and F) selected in Question 70, enter the number of clients who received services from your agency during the reporting period. For each subcategory within a category (e.g., items A1, A2, A3, and A4), enter the number of times that service was provided during the reporting period. Zero is a valid response. Because some clients may receive multiple services, the total number of times that services were provided within a category may be greater than the number of clients who received those services.*

A. INFORMATION and REFERRAL

Enter the number of individuals who received services in this category:

> Number of individuals

Enter the number of times services were provided in each subcategory:

A1. Information about the criminal justice process

> Number of occurrences

A2. Information about victim rights, how to obtain notifications, etc.

> Number of occurrences

A3. Referral to other victim service programs

> Number of occurrences

A4. Information about substance abuse treatment and support available to crime victims

> Number of occurrences

A5. Referral to other services, supports, and resources *(includes legal, medical, faith-based organizations; mentoring programs; support groups; food and housing assistance; address-confidentiality programs, etc.)*

> Number of occurrences

A6. Referral to substance abuse treatment and support available to crime victims

> Number of occurrences

B. PERSONAL ADVOCACY/ACCOMPANIMENT

Enter the number of individuals who received services in this category:

> Number of individuals

Enter the number of times services were provided in each subcategory:

B1. Victim advocacy/accompaniment to emergency medical care

> Number of occurrences

B2. Victim advocacy/accompaniment to medical forensic exam

> Number of occurrences

B3. Law enforcement interview advocacy/accompaniment

> Number of occurrences

B4. Individual advocacy *(e.g., assistance in applying for public benefits, return of personal property or effects)*

> Number of occurrences

B5. Performance of medical or nonmedical forensic exam or interview, or medical evidence collection

> Number of occurrences

B6. Immigration assistance (*e.g., special visas, continued presence application, and other immigration relief*)

> Number of occurrences

B7. Intervention with employer, creditor, landlord, or academic institution

> Number of occurrences

B8. Child or dependent care assistance (*includes coordination of services*)

> Number of occurrences

B9. Transportation assistance (*includes coordination of services*)

> Number of occurrences

B10. Interpreter services

> Number of occurrences

C. EMOTIONAL SUPPORT OR SAFETY SERVICES

*Enter the **number of individuals** who received services in this category:*

> Number of individuals

*Enter the **number of times services** were provided in each subcategory:*

C1. Crisis intervention (in-person, includes safety planning, etc.)

> Number of occurrences

C2. Hotline/crisis line counseling

> Number of occurrences

C3. On-scene crisis response (*e.g., responding to crime victims identified on overdose scenes, community crisis response*)

> Number of occurrences

C4. Individual counseling

> Number of occurrences

C5. Support groups (facilitated or peer)

> Number of occurrences

C6. Other therapy (*traditional, cultural, or alternative healing; art, writing, or play therapy, etc.*)

> Number of occurrences

C7. Emergency financial assistance (*includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks,*

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taxis, prophylactic and nonprophylactic medications, durable medical equipment, etc.)

Number of occurrences

D. SHELTER/HOUSING SERVICES

*Enter the **number of individuals** who received services in this category:*

Number of individuals

*Enter the **number of times services** were provided in each subcategory:*

D1. Emergency shelter or safe house

Number of occurrences

D2. Transitional housing

Number of occurrences

D3. Relocation assistance *(includes assistance with obtaining housing)*

Number of occurrences

E. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE

*Enter the **number of individuals** who received services in this category:*

Number of individuals

*Enter the **number of times services** were provided in each subcategory:*

E1. Notification of criminal justice events *(e.g., case status, arrest, court proceedings, case disposition, release, etc.)*

Number of occurrences

E2. Victim impact statement assistance

Number of occurrences

E3. Assistance with restitution *(includes assistance in requesting and when collection efforts are not successful)*

Number of occurrences

E4. Civil legal assistance in obtaining protection or restraining order

Number of occurrences

E5. Civil legal assistance with family law issues *(e.g., custody, visitation, or support)*

Number of occurrences

E6. Other emergency justice-related assistance

| Number of occurrences |

E7. Immigration assistance *(e.g., special visas, continued presence application, and other immigration relief)*

| Number of occurrences |

E8. Prosecution interview advocacy/accompaniment *(includes accompaniment with prosecuting attorney and with victim/witness)*

| Number of occurrences |

E9. Law enforcement interview advocacy/accompaniment

| Number of occurrences |

E10. Criminal advocacy/accompaniment

| Number of occurrences |

E11. Other legal advice and/or counsel

| Number of occurrences |

CLOSEOUT

> These measures are to be completed at the close of the grant. The closeout questions take a look at the impact your program has had and your plans to sustain the COAP effort.

72. Does your site plan to sustain program funding after BJA funds have been expended?
    A. Yes (Proceed to next question)
    B. No, we don't need additional funding to continue (Skip to question 74)

73. Please indicate if you have applied for or received sustained funding from the following sources.

Funding Source	N/A	Have Applied for Funding	Have Secured Funding
Locality	●	○	○
State	●	○	○
Federal	●	○	○
Private funding	●	○	○
Other (please describe) _____	●	○	○

74. Since the beginning of your program, has it demonstrated a measurable impact on the problem of focus? *When answering this question, please consider your target population and/or implementation design and analysis findings to this point. If applicable, **please consult with the researcher/analyst when answering this question.***
    A. Yes, positive impact (Proceed to question 75)
    B. Yes, negative impact (Proceed to question 75)
    C. No measurable impact (End of questions)
    D. Not yet been measured (End of questions)

75. Please describe the impact your program has had using specific data such as percentages and raw-number increases or decreases in reducing the incidence of opioid overdoses where possible. *If your program was funded to enhance partnerships with victim services and child welfare, please describe the impact the project had on identifying crime victims.*

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? *Select 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
    _____
    _____

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