

COMBINED PERFORMANCE MEASURE
QUESTIONNAIRES FOR THE
COMPREHENSIVE OPIOID ABUSE SITE-
BASED PROGRAM

Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice



BUREAU OF JUSTICE ASSISTANCE
 Comprehensive Opioid Abuse Site-based Program
PERFORMANCE MEASURES

Overview

This document contains the performance measurement questionnaires for each of the 6 site-based Comprehensive Opioid Abuse Program (COAP) award categories. Performance data collected from each grantee will be used to track activity, assess grantee performance, and to the extent possible track programmatic outputs and outcomes.

Measures in the PMT

The questionnaires contained within this document will be live in the BJA Performance Measurement Tool (PMT) on or around January 1, 2018, for grantees to report on. Please note that questions in the PMT may appear slightly different from the questionnaires. This is because the web-based nature of the PMT allows us to display information in a dynamic way not possible with PDF questionnaires.

Instructions

To review the COAP performance measures, all grantees and subgrantees EXCEPT those funded through the Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement category should begin with the “Common Questionnaire” file. This questionnaire includes questions that apply to all grantees in those categories. From here, grantees and subgrantees will find a category-specific questionnaire with questions that are unique to each award category. PDMP Implementation and Enhancement grantees and subgrantees will NOT be required to complete the “Common Questionnaire” and will only complete the category-specific questionnaire.

Questionnaire	Description	Who Completes It
Common Questionnaire	This questionnaire asks grantees and subgrantees for general information about their COAP project.	All grantees and subgrantees EXCEPT those funded through the Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement projects category
Overdose Outreach	This questionnaire asks questions of grantees and subgrantees awarded funds for projects that include recovery support and treatment services as well as outreach and prevention activities.	Grantees and subgrantees funded through the overdose outreach projects category
Technology-Assisted Treatment	This questionnaire includes questions on the use of technology to overcome obstacles in delivering recovery support and treatment services.	Grantees and subgrantees funded through the technology-assisted treatment projects category
System-Level Diversion and Alternatives to Incarceration	This questionnaire includes questions on the development of the required action plan and seeks details on diversion and/or alternatives to incarceration activities in addition to recovery support and treatment services provided.	Grantees and subgrantees funded through the diversion and alternatives to incarceration projects category
Statewide Planning, Coordination, and Implementation	This questionnaire focuses on the development of a comprehensive state plan addressing opioid use, including the role of a planning workgroup and the use of data.	Grantees funded through the statewide planning, coordination, and implementation projects category

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PDMP Implementation and Enhancement	This questionnaire focuses on the use of Prescription Drug Monitoring systems in states with a specific focus on prescribing and dispensing information, as well as system use and report production.	Grantees funded through the Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement projects category
Data-Driven Responses to Prescription Drug Misuse	This questionnaire includes questions focused on the development and sustainability of multidisciplinary approaches, data sharing and public health partnerships.	Grantees and subgrantees funded through the data-driven PDMP projects category

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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 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 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>

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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 before 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:	

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>

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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.

3. Please select the type of COAP Federal award on which you are reporting. *(Carry-forward)*
 - A. Overdose Outreach Project
 - B. Technology-assisted Treatment Project
 - C. System-level Diversion and Alternatives to Incarceration Project
 - D. Statewide Planning, Coordination, and Implementation Project
 - E. Multidisciplinary Data-driven Project

4. Do you have a webpage for your program? *(Carry-forward)*
 - A. Yes. Please provide the URL: _____
 - B. No

5. 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: _____

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

7. Does your COAP project include a researcher or research partner? *(Carry-forward)*
 - A. Yes
 - B. No *(skip to question 10)*

8. 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: _____

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2. Telephone number: _____
3. E-mail: _____
9. 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
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? 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. 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)

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- 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) _____

15. 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 alternative 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.

			Never	Rarely	Sometimes	Frequently
Strategy	N/A	Unavailable	1	2	3	4
Screening to identify individuals at high-risk for overdose	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening to identify individuals with substance use disorders	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement diversion programs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecutor led diversion programs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial diversion programs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment courts (e.g., drug court)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation services designed to meet the needs of individuals with substance use disorders	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jail or prison-based substance use treatment programs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reentry programs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Peer recovery services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment services in rural communities within our service area	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naloxone distribution/deployment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication-Assisted Treatment (MAT)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overdose prevention programs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public education campaigns	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach to other professionals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot spot analysis (e.g., identifying geographic areas with a cluster of individuals at high-risk for substance use or overdose)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted educational interventions in hot spots	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse prevention coalitions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

		Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
<i>The following stakeholders exhibit high level of collaboration with one another:</i>	N/A	1	2	3	4	5
Criminal courts and child welfare agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local and State law enforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local and Federal law enforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State and Federal law enforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal justice agencies and substance use treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare providers and substance use treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/parole and substance use treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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TRAINING AND TECHNICAL ASSISTANCE

This section's purpose is to measure training availability or 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:

1. Percentage of grantees receiving technical assistance, and
2. Percentage of grantees providing training to staff.

17. Did any members of your COAP project workgroup receive training 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.*

- A. Yes
- B. No (skip to question 19)
- C. If Yes, how many trainings did workgroup members attend during the reporting period?

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

Training Name	Number of Training Sessions Received	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]

19. 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 21)
- C. If Yes, how many TTA providers did you work with during the reporting period? _____

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20. 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 19C.*

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

21. Did your workgroup develop any COAP training courses or curricula during the reporting period?

- A. Yes. *Materials/curricula should be submitted to BJA via GMS with your progress report.*
- B. No (skip to next section)

For each 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.

22. 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 oknowledge of employees in a particular area)
- D. ___ Leadership/management (training for managers or administrators)
- E. ___ Conference
- F. ___ Other (please describe)

23. 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.*

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

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A. ____ hours

25. What is the intended mode of delivery for your training course/curriculum? *Check 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)

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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 27–29 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

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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.

1. 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 34)

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

<i>Funding Source</i>	N/A	Have Applied for Funding	Have Secured Funding
Locality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
State	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private funding	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) _____	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. 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 35)
- B. Yes, negative impact (proceed to question 35)
- C. No measurable impact (end of questions)
- D. Not yet been measured (end of questions)

4. 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.
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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.

1. What is the expected number of participants your COAP program plans to serve over the life of this award? *This value should correspond to what was reported in the grant application.*
(Carry-forward) _____

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

3. What entities refer/identify overdose survivors to your program? *Select all that apply.* *(Carry-forward)*
 - A. ___ Law enforcement
 - B. ___ Prosecutor's office
 - C. ___ Defense attorney/public defender
 - D. ___ Pretrial services
 - E. ___ Courts
 - F. ___ Probation
 - G. ___ Parole
 - H. ___ Jail/prison staff
 - I. ___ Reentry services provider
 - J. ___ Substance abuse treatment provider
 - K. ___ Child protective services
 - L. ___ Court clinician
 - M. ___ Self-referral
 - N. ___ Emergency department staff
 - O. ___ Other health care provider
 - P. ___ Friends and family

4. Does your program provide referrals to **recovery support services**? *Recovery support services are services that assist individuals and families working toward recovery from substance use problems and include a full range of social, legal, and other services that facilitate recovery and wellness.*
 - A. Yes *(proceed to question 5)*
 - B. No *(skip to question 9)*

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5. Please enter the number of individuals receiving **recovery support services** through referrals to other agencies/community support groups. *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 <i>referred</i> to recovery support services? <i>Please report individuals only the first time they are referred.</i>		<i>Auto fill</i>
B. Of those, how many individuals received recovery support services? <i>Do not include individuals who began receiving services in a previous reporting period.</i>		<i>Auto fill</i>

6. 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? ____
7. 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? ____
8. How many friends/family members of program participants were referred to recovery support services during the reporting period? _____
9. Does your program provide referrals to **substance use treatment** services?
 A. Yes (proceed to question 10)
 B. No (skip to question 16)

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10. Please enter the number of overdose survivors referred to and receiving **substance use treatment**. *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 treatment services? <i>Please report individuals only the first time they are referred.</i>		<i>Auto fill</i>
B.	During the reporting period, how many individuals were assessed for substance abuse? <i>Please report individuals only the first time they are assessed for services.</i>		<i>Auto fill</i>
C.	Of those, how many individuals received substance use treatment services? <i>Do not include individuals who began receiving services in a previous reporting period.</i>		<i>Auto fill</i>

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

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

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

14. If the agencies to which you refer individuals for substance use treatment services offer medication-assisted treatment (MAT), which of the following medications are available? *Check all that apply.*
 A. ____ They do not provide MAT (skip to question 16)
 B. ____ They do not have access to MAT (skip to question 16)
 C. ____ Naltrexone (Vivitrol®, depot naltrexone)
 D. ____ Buprenorphine or buprenorphine/naloxone (Bup/NX) (Suboxone®)
 E. ____ Methadone

15. Of the total participants enrolled in your program, for how many was MAT deemed an appropriate treatment, and of those, how many received MAT during the reporting period?
 A. Individuals for whom MAT was deemed appropriate: ____
 B. Individuals receiving at least one treatment: ____

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16. 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
17. Since the beginning of the program, how many **individual participants** experienced subsequent overdose events (fatal or nonfatal) in the specified period of time following 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
18. 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

OUTREACH AND PREVENTION ACTIVITIES

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

19. Did your COAP program plan or conduct any overdose prevention or community outreach activities during the reporting period?
- A. Yes (proceed to next question)
 - B. No (end of questions)

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20. For each outreach or prevention activity planned and/or conducted during the reporting period, please provide a brief description of the activity, the activity's status, the intended audience and method of delivery. *Community outreach and prevention could include activities like producing PSAs, hosting an online or in-person presentation or meeting, providing training in the use of naloxone, etc. Please do not include internal trainings.*

Activity Title/Brief Description	Activity Status	Target Audience	Method of Delivery
	Planned ____ Conducted ____	General Public Law enforcement EMS Healthcare workers Probation/parole workers Social workers or outreach workers Recovery coaches Criminal justice/corrections staff Treatment staff Family/friends of opioid users Other (please describe) _____	In-person training/meeting/talk Online training Advertisements PSAs Other (please describe) ____

21. Did any of your COAP program's education or outreach activities include training for individuals in the use of naloxone?

- A. Yes
- B. No (end of questions)

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

- A. Law enforcement ____
- B. EMS ____
- C. Healthcare workers ____
- D. Probation or parole workers ____
- E. Social workers or outreach workers ____
- F. Recovery coaches ____
- G. Criminal justice/corrections staff ____
- H. Treatment staff ____
- I. Family/friends of opioid users ____
- J. Other (please describe) _____

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PLANNING

1. What is the expected number of participants your COAP program plans to serve over the life of this award? *The value should correspond to what was reported in the grant application.* **(Carry-forward)** _____

2. 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. Lack of public transportation
 - B. Limited availability of appropriate substance abuse treatment services
 - C. Limited availability of recovery support services
 - D. Limited public support for services and/or facilities
 - E. Limited hours of service
 - F. Limited client participation/commitment
 - G. Other (please describe) _____

3. Was your COAP program engaged in planning activities or program implementation during the reporting period?
 - A. Engaged in planning activities **(proceed to next question)**
 - B. Planning has been completed and the program was in the implementation phase (i.e., the program was actively delivering services) **(skip to question 5)**
 - C. The program conducted planning activities AND moved into the implementation phase during the reporting period **(proceed to next question)**

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4. Please describe the status of the following program planning activities:

Planning guide activities	N/A	Not Started	In Progress	Complete
Hired the key project staff/completed contracts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified technology needs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ordered/Installed technology	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trained staff on use of technology	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an inventory of services and programming	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified system gaps	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified a target population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed a referral process	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed performance measures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed a plan to collect data/track program progress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an implementation plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed a sustainability plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an evaluation plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

5. Please indicate the entry points within the criminal justice system in which individuals are identified or referred. *Select all that apply. (Carry-forward)*

- A. ___ Law enforcement, non-arrest scenario
- B. ___ Law enforcement, pre-arrest
- C. ___ Law enforcement, pre-booking
- D. ___ At the prosecutor charging stage
- E. ___ At initial jail detention
- F. ___ At the initial court hearing
- G. ___ During the pretrial investigation/pretrial supervision phase
- H. ___ At the court plea phase
- I. ___ At court sentencing
- J. ___ While an individual is on probation/parole supervision
- K. ___ When someone is serving time in jail or prison post-sentencing
- L. ___ At the reentry phase
- M. ___ While an individual is participating in specialty court

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6. What entities refer/identify individuals for services? *Select all that apply. (Carry-forward)*
- A. Law enforcement
 - B. Prosecutor's office
 - C. Defense attorney/public defender
 - D. Pretrial services
 - E. Courts
 - F. Probation
 - G. Parole
 - H. Jail/prison staff
 - I. Reentry services provider
 - J. Substance abuse treatment provider
 - K. Child protective services
 - L. Court clinician
 - M. Self-referral
 - N. Emergency department staff
 - O. Other health care provider
 - P. Friends, family, acquaintance, or employer

7. Through what mechanisms are referrals made? *Select all that apply. (Carry-forward)*
- A. Active outreach
 - B. Risk-need screening
 - C. Specific offenses/formal charges
 - D. Behavior triage (e.g., field observations, etc.)
 - E. Other (please describe) _____

8. 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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group therapy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual therapy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing and monitoring of medication	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision check-ins	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online curriculum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court check-ins	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery support services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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 through your COAP program's use of a new technology solution.

[If response B or C was selected in question 3, grantees will respond to the following section.]

9. Are all potential participants screened for program eligibility? (e.g., referred individuals, walk-ins, etc.) *(Carry-forward)*
- A. Yes
 - B. No, please explain _____

10. Please describe your program's screening process, including eligibility criteria. Your screening process might include activities such as intake interviews, meetings with a peer recovery coach, or administering a needs assessment. Eligibility criteria might include factors such as an individual's age, history of drug use and/or overdose, or criminal history. *(Carry-forward)*
- _____
- _____

11. Does your program provide referrals to **recovery support services**? *Recovery support services are services that assist individuals and families working toward recovery from substance use problems and include a full range of social, legal, and other services that facilitate recovery and wellness.*
- A. Yes *(proceed to question 12)*
 - B. No *(skip to question 16)*

12. Please enter the number of individuals referred to and receiving **recovery support services** via a technology solution. *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? <i>Please report individuals only the first time they are referred.</i>		<i>Auto fill</i>
B. Of those, how many individuals received recovery support services delivered via a technology solution? <i>Do not include individuals who began receiving services in a previous reporting period.</i>		<i>Auto fill</i>

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13. 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? ____
14. 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? ____
15. How many friends/family members of program participants were referred to recovery support services during the reporting period? _____
16. Does your program provide referrals to **substance use treatment services** delivered via a technology solution?
 A. Yes (proceed to question 17)
 B. No (skip to question 23)

17. Please fill in the table below with the number of individuals referred to and receiving **substance use treatment services** via a technology solution. *The cumulative total column will automatically display the count of all individuals referred to and receiving substance use treatment 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 treatment services? <i>Please report individuals only the first time they are referred.</i>		Auto fill
B.	During the reporting period, how many individuals were assessed for substance abuse? <i>Please report individuals only the first time they are assessed for services.</i>		Auto fill
C.	Of those, how many individuals received substance use treatment services delivered via a technology solution? <i>Do not include individuals who began receiving services in a previous reporting period.</i>		Auto fill

18. On average, how long does it take for an individual to begin receiving substance use treatment services after receiving a referral?
 _____ days
19. For those participants receiving substance use treatment services during the reporting period, how many are receiving services for:
 A. Less than 30 days? ____
 B. 30 days or more? ____

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20. For those participants who *stopped* receiving substance use treatment services during the reporting period, how many received services for:
- A. Less than 30 days? ____
 - B. 30 days or more? ____
21. If the agencies to which you refer individuals for substance use treatment services offer medication-assisted treatment (MAT), which of the following medications are available? *Check all that apply.*
- A. ____ They do not provide MAT (skip to question 23)
 - B. ____ They do not have access to MAT (skip to question 23)
 - C. ____ Naltrexone (Vivitrol®, depot naltrexone)
 - D. ____ Buprenorphine or buprenorphine/naloxone (Bup/NX) (Suboxone®)
 - E. ____ Methadone
22. Of the total participants enrolled in your program, for how many was MAT deemed an appropriate treatment, and of those, how many received MAT during the reporting period?
- A. Individuals for whom MAT was deemed appropriate: ____
 - B. Individuals receiving at least one treatment: ____
23. 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
24. Since the beginning of the program, how many **individual participants** experienced subsequent overdose events (fatal or nonfatal) in the specified period of time following 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

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ACTION PLAN DEVELOPMENT

This section seeks to track your agency's progress toward completing your action plan activities during the reporting period. COAP Category 3 grant fund recipients are required to complete an action plan within 180 days of accepting the award as part of the COAP grant special condition.

1. What is the expected number of participants your COAP program plans to serve over the life of this award? *The value should correspond to what was reported in the grant application.*
(Carry-forward) _____

2. What is the status of your COAP action plan?
 - A. In development
 - B. Has been submitted to BJA but not approved
 - C. Plan has been approved by BJA (skip to next section)

3. Was there data collection or analysis conducted as part of the development of your action plan during the reporting period?
 - A. Yes
 - B. No (skip to next section)

4. Please identify the data used to develop the action plan during the reporting period. *Select all that apply.*
 - A. ___ Official police call, crime and arrest data (e.g., 911 or non-emergency calls for service related to overdoses, heroin arrests, etc.)
 - B. ___ Public health indicators (e.g., naloxone administrations)
 - C. ___ Hospital admissions data (e.g., emergency room visits for overdoses)
 - D. ___ Drug testing data
 - E. ___ Substance abuse treatment admissions data
 - F. ___ Probation and/or parole data
 - G. ___ Pretrial data
 - H. ___ Jail admissions data
 - I. ___ Prosecution data (e.g., case filings)
 - J. ___ Court data (e.g., case outcomes, convictions, sentences)
 - K. ___ Reentry data
 - L. ___ Child welfare data
 - M. ___ Client risk/needs assessments
 - N. ___ Focus group data (e.g., focus groups of community members, officers, or clients)
 - O. ___ Survey data (e.g., surveys of community members, officers, clients, providers)
 - P. ___ Recovery support service provider data
 - Q. ___ Prescription drug monitoring program data
 - R. ___ Other (please describe) _____

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PLANNING WORKGROUP

The workgroup and other partners should collaborate throughout the COAP program to help with planning and, in some cases, implementation activities.

This section asks questions about your COAP workgroup and other partnership activity during the reporting period. Overall OJP program measures related to this section include:

- Frequency of COAP workgroup partnership meetings,
- Level of involvement of COAP workgroup members, and
- Number of activities the COAP workgroup is conducting.

5. Do you have an established workgroup in place to complete the planning phase of the project? A workgroup is defined as a larger group of stakeholders who have a vested interest in the project.
- A. Yes
 B. No. Please explain: _____ (skip to question 8)

6. How often did your COAP workgroup hold organized meetings during the reporting period? *Select the answer that best approximates how often you met.*
- A. ____ We did not meet this quarter
 B. ____ Weekly/biweekly
 C. ____ Monthly
 D. ____ Quarterly

7. 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.*

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<i>This partner is actively involved in the COAP program:</i>	N/A	1	2	3	4	5
County/city leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Intensity Drug Trafficking Area	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecutor's office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender's office/defense attorney	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/Parole	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jail/Corrections administrators	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reentry services provider	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers/public health	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse prevention groups	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery community representatives/peers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim advocates	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith community	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business community	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood community groups	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. Was your COAP program engaged in planning activities or program implementation during the reporting period?
- A. Engaged in planning activities (proceed to next question)
 - B. Planning has been completed and the program was in the implementation phase (i.e., the program was actively delivering services) (skip to next section)
 - C. The program conducted planning activities AND moved into the implementation phase during the reporting period (proceed to next question)
9. Please describe the status of the following planning activities:

Planning guide activities	N/A	Not Started	In Progress	Complete
Hired the key project staff/completed contracts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made requests for data	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an inventory of services and programming	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified system gaps	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified a target population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed a screening and referral process	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed a referral process	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified evidence-based services and support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed performance measures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed a plan to collect data/track program progress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an implementation plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed a sustainability plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an evaluation plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

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DIVERSION AND ALTERNATIVES TO INCARCERATION

10. Please indicate the entry points within the criminal justice system at which individuals are identified or referred. *Select all that apply. (Carry-forward)*

- A. Law enforcement, non-arrest scenario
- B. Law enforcement, pre-arrest
- C. Law enforcement, pre-booking
- D. At the prosecutor charging stage
- E. At initial jail detention
- F. At the initial court hearing
- G. During the pretrial investigation/pretrial supervision phase
- H. At the court plea phase
- I. At court sentencing
- J. While an individual is on probation supervision
- K. When someone is serving time in jail or prison post-sentencing
- L. At the reentry phase

11. What entities refer/identify individuals for services? *Select all that apply. (Carry-forward)*

- A. Law enforcement
- B. Prosecutor's office
- C. Defense attorney/public defender
- D. Pretrial services
- E. Courts
- F. Probation
- G. Parole
- H. Jail/prison staff
- I. Reentry services provider
- J. Substance abuse treatment provider
- K. Child protective services
- L. Court clinician
- M. Self-referral
- N. Emergency department staff
- O. Other health care provider
- P. Friends, family, acquaintance, or employer

12. Through what mechanisms are referrals made? *Select all that apply. (Carry-forward)*

- A. Active outreach
- B. Risk-need screening
- C. Specific offenses/formal charges
- D. Behavior triage (e.g., field observations, etc.)
- E. Other (please describe) _____

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 Comprehensive Opioid Abuse Site-based Program
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13. During the reporting period, did your program identify high-frequency utilizers of multiple systems? *High-frequency utilizers are those individuals with a high number of contacts with police, ambulance, emergency departments, child welfare, the courts, the jail, or community supervision.*
- A. Yes. Please describe how you identified these individuals: _____
- B. No (skip to question 15)
14. Which systems did you target in your efforts to identify high-frequency utilizers of multiple systems? *Select all that apply. (Carry-forward)*
- A. Law enforcement
- B. EMS
- C. Emergency departments/hospitals
- D. Social services (e.g., child welfare)
- E. Criminal justice agencies
- F. Reentry services
- G. Other (please describe) _____

[If response B or C was selected in question 8, grantees will respond to the following section.]

[If grantee selected intercept A, B, C, D, E, F, or G in question 10] Please answer the following questions with regard to your **diversion** program.

15. Please enter the number of individuals referred to, eligible for, and enrolled in your COAP-funded diversion 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 COAP-funded diversion services? <i>Please report individuals only the first time they are referred.</i>		<i>Auto fill</i>
B. Of those, how many individuals were identified as eligible for your diversion program?		<i>Auto fill</i>
C. Of those, how many individuals were enrolled in your diversion program? <i>Do not include individuals who began receiving services in a previous reporting period.</i>		<i>Auto fill</i>

16. How many participants successfully completed your COAP-funded diversion program during the reporting period? *“Successfully completed” is defined as discontinuing participation in the program after completing all program requirements.* _____
17. How many participants left without successfully completing the COAP-funded diversion program during the reporting period? _____

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[If grantee selected H, I, J, K, or L in question 10] Please answer the following questions with regard to your COAP-funded **alternative to incarceration** program.

18. Please enter the number of individuals referred to, eligible for, and enrolled in your COAP-funded alternative to incarceration 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 your COAP-funded alternative to incarceration program? <i>Please report individuals only the first time they are referred.</i>		<i>Auto fill</i>
B. Of those, how many individuals were identified as eligible for your alternative to incarceration program?		<i>Auto fill</i>
C. Of those, how many individuals were enrolled in your alternative to incarceration program? <i>Do not include individuals who began receiving services in a previous reporting period.</i>		<i>Auto fill</i>

19. How many participants successfully completed your COAP-funded alternative to incarceration program during the reporting period? *“Successfully completed” is defined as discontinuing participation in the program after completing all program requirements.* _____

20. How many participants left a COAP-funded alternative to incarceration program without successfully completing the requirements during the reporting period? _____

RECOVERY SUPPORT AND SUBSTANCE USE TREATMENT SERVICES

[If response B or C was selected in question 8, grantees will respond to the following section.]

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

21. Does your program provide referrals to **recovery support services**? *Recovery support services are services that assist individuals and families working toward recovery from substance use problems and include a full range of social, legal, and other services that facilitate recovery and wellness.*

- A. Yes (proceed to question 22)
- B. No (skip to question 27)

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22. Please enter the number of justice-involved individuals referred to and receiving **recovery support services** through referrals to other agencies/community support groups. *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 justice-involved individuals were referred to recovery support services? <i>Please report individuals only the first time they are referred.</i>		<i>Auto fill</i>
B. Of those, how many justice-involved individuals received recovery support services? <i>Do not include individuals who began receiving services in a previous reporting period.</i>		<i>Auto fill</i>

23. 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? ____

24. 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? ____

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

26. How many justice-involved individuals with opioid use disorders were connected with a peer recovery coach? _____

27. Does your program provide referrals to **substance use treatment services**?
 A. Yes (proceed to question 28)
 B. No (skip to question 34)

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28. Please enter the number of justice-involved individuals referred to and receiving **substance use treatment** during the reporting period. *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 treatment services? <i>Please report individuals only the first time they are referred.</i>		<i>Auto fill</i>
B. During the reporting period, how many individuals were assessed for substance abuse? <i>Please report individuals only the first time they are assessed for services.</i>		<i>Auto fill</i>
C. Of those, how many individuals received substance use treatment services? <i>Do not include individuals who began receiving services in a previous reporting period.</i>		<i>Auto fill</i>

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

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

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

32. If the agencies to which you refer individuals for substance use treatment services offer medication-assisted treatment (MAT), which of the following medications are available? *Check all that apply.*
 A. ____ They do not provide MAT (skip to question 34)
 B. ____ They do not have access to MAT (skip to question 34)
 C. ____ Naltrexone (Vivitrol®, depot naltrexone)
 D. ____ Buprenorphine or buprenorphine/naloxone (Bup/NX) (Suboxone®)
 E. ____ Methadone

33. Of the total participants enrolled in your program, for how many was MAT deemed an appropriate treatment, and of those, how many received MAT during the reporting period?
 A. Individuals for whom MAT was deemed appropriate: ____
 B. Individuals receiving at least one treatment: ____

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34. 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
35. Since the beginning of the program, how many **individual participants** experienced subsequent overdose events (fatal or nonfatal) in the specified period of time following 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
36. 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

BUREAU OF JUSTICE ASSISTANCE
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STATE PLAN DEVELOPMENT

This section seeks to track your agency's progress toward completing your comprehensive state plan addressing opioid use.

1. What is the status of your state plan to address opioid use?
 - A. In development (skip to question 4)
 - B. Complete

2. Which of the following strategies are addressed in your state plan? *Select all that apply. (carry-forward)*
 - A. Reduce the heroin and illicit opioid supply through law enforcement interdiction efforts
 - B. Investigate and prosecute opioid supply chain abuse, including high-risk providers, distributors, and manufacturers
 - C. Expand screening and assessment for substance use disorders and/or co-occurring disorders
 - D. Initiate or enhance a law enforcement diversion program
 - E. Initiate or enhance a prosecutor led diversion program
 - F. Initiate or enhance a pretrial diversion program
 - G. Initiate or enhance a jail or prison-based program
 - H. Initiate or enhance a court-based diversion or alternative to incarceration program
 - I. Initiate or enhance a reentry program
 - J. Initiate or enhance a partnership with child welfare
 - K. Initiate or enhance a telehealth/teleservice program
 - L. Initiate or enhance recovery support services
 - M. Increase access to and use of naloxone
 - N. Expand access to medication-assisted treatment (MAT)
 - O. Initiate or enhance an overdose prevention program
 - P. Initiate or expand the use of peer recovery support/coaches
 - Q. Initiate a cross-system planning effort
 - R. Establish media campaigns to raise awareness about opioid abuse and addiction
 - S. Require use of a prescription drug monitoring program (PDMP) by opioid prescribers and dispensers
 - T. Expand education and training to criminal justice and treatment practitioners
 - U. Improve provider education and training on pain management and safe opioid abuse prescribing practices
 - V. Establish guidelines for prescribing opioids to non-cancer patients
 - W. Build partnerships between criminal justice, public health, treatment providers, and other partners
 - X. Integrate local and/or state data sources (e.g., PDMP data, drug seizure reports, toxicology reports)

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- Y. ___ Conduct data analysis to identify high frequency utilizers of multiple systems (i.e., individuals with a high number of contacts with police, ambulance, emergency departments, child welfare, the courts, the jail, or community supervision)
- Z. ___ Conduct data analysis to identify individuals at risk for overdose death
- AA. ___ Conduct data analysis to identify prescribing trends
- BB. ___ Conduct an evaluation that demonstrates the impact and value of policies and programs aimed at reducing opioid abuse
- CC. ___ Establish multidisciplinary overdose fatality review teams to inform state and local overdose prevention
- DD. ___ Conduct training, such as for PDMP users
- EE. ___ Develop a policy/procedure for Medicaid reinstatement
- FF. ___ Establish/expand housing (e.g., sober recovery housing)
- GG. ___ Establish/expand employment services
- HH. ___ Conduct community needs assessment, identifying high- and low-risk regions for opioid abuse and the respective resource gaps in high-risk regions
- II. ___ Other (please define)

PLANNING WORKGROUP

The workgroup and other partners should collaborate throughout the COAP program to help with planning and, in some cases, implementation activities.

This section asks questions about your COAP workgroup and other partnership activity during the reporting period. Overall OJP program measures related to this section include:

- Frequency of COAP workgroup partnership meetings,
- Level of involvement of COAP workgroup members, and
- Number of activities the COAP workgroup is conducting.

3. Was your COAP program engaged in planning activities or program implementation during the reporting period?
- A. Engaged in planning activities (**proceed to next question**)
 - B. Planning has been completed and the program was in the implementation phase (i.e., the program was actively delivering services) (**skip to end**)
 - C. The program conducted planning activities AND moved into the implementation phase during the reporting period (**proceed to next question**)

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4. Please describe the status of the following program planning activities:

Planning guide activities	N/A	Not Started	In Progress	Complete
Hired the key project staff/completed contracts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made requests for data	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an inventory of existing services and programming	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified system gaps	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified goals, objectives, and strategies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed performance measures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an implementation plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed a sustainability plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed an evaluation plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified subgrantees	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you have an established statewide planning workgroup in place to complete the planning phase of the project? A workgroup is defined as a larger group of stakeholders who have a vested interest in the project.

A. Yes

B. No (please explain) _____ (skip to question 8)

6. How often did your COAP statewide workgroup hold organized meetings during the reporting period? *Select the answer that best approximates how often you met.*

A. ____ We did not meet this quarter

B. ____ Weekly/biweekly

C. ____ Monthly

D. ____ Quarterly

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7. Please rate the following COAP statewide 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.*

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<i>This partner is actively involved in the COAP program:</i>	N/A	1	2	3	4	5
State Administrative Agency (criminal justice planning agency)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single State Agency (state substance abuse services)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative Office of the Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State probation and parole	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State police	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Enforcement Agency (DEA)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Intensity Drug Trafficking Area (HIDTA)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State child welfare agency	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State public health agency	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State statistical analysis center/Researcher	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County/City representation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery community representatives	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governor's Office/Coordinating Council	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Comprehensive Opioid Abuse Site-based Program
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8. Was there data collection or analysis conducted as part of the development of your state plan during the reporting period?
- A. Yes (proceed to next question)
 - B. No (end of questions)
9. Please identify the data used to develop the state plan during the reporting period. *Select all that apply.*
- A. Overdose death data
 - B. Official police call, crime and arrest data (e.g., calls for service related to overdoses, heroin arrests, drug task force data, etc.)
 - C. DEA data
 - D. Public health indicators (e.g., naloxone administrations)
 - E. Hospital admissions data (e.g., emergency room visits for overdoses)
 - F. Drug testing data
 - G. Substance abuse treatment admissions data
 - H. Probation and parole data
 - I. Pretrial data
 - J. Jail admissions data
 - K. Prosecution data (e.g., case filings)
 - L. Court data (e.g., case outcomes, convictions, sentences)
 - M. Reentry data
 - N. Child welfare data
 - O. Client risk/needs assessments
 - P. Focus group data (e.g., focus groups of community members, officers, or clients)
 - Q. Survey data (e.g., surveys of community members, officers, clients, service providers)
 - R. Interview data (e.g., interviews with agency heads)
 - S. Recovery support service provider data
 - T. Prescription drug monitoring program (PDMP) data
 - U. Other (please describe)

[If moving to the implementation stage, please create subawards for each community program in the PMT. When creating subawards, you will be able to assign them to specific performance measure categories.]

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 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 (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.

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 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.

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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 _____

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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	Enter Number	Enter Number
B	Schedule III	Enter Number	Enter Number
C	Schedule IV	Enter Number	Enter Number

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).	Enter Number	Enter Number
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).	Enter Number	Enter Number

PDMP REPORTING

Number of PDMP Reports Produced

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

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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.

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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

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MEASURES FOR CATEGORY 6 COAP GRANTEES

The next series of questions asks about data-driven multidisciplinary approaches to reducing prescription drug abuse. These questions include 2 categories: the formation and enhancement of multidisciplinary action groups and problem analysis.

Formation and Enhancement of Multidisciplinary Action Group

1. Do you have an established multidisciplinary action group in place to help guide your initiative? Workgroup force/ workgroup is defined as a larger group of stakeholders who have a vested interest in the project.
 - A. Yes/No
 - B. If No, please explain why not _____ (If no, skip to Problem Analysis section)

2. How often did your multidisciplinary action group hold organized meetings during the reporting period? *Select the answer that best approximates how often you met.*
 - A. ____ We did not meet this quarter
 - B. ____ Daily
 - C. ____ Weekly/biweekly
 - D. ____ Monthly
 - E. ____ Quarterly

3. Please rate the following multidisciplinary action group members based on this statement: “This action group member 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.*

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
PDMPs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement (e.g., local law enforcement, state law enforcement, Sheriff’s Department, etc.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/Parole Department	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jail/Detention Center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
District Attorney/Prosecutor’s Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug courts and other problem-solving courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Regulatory Agency (e.g., Licensing board)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy/Medical board	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid investigators/oversight agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care professionals (doctors, nurses, dentists, veterinarians)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Department	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epidemiologists	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poison control centers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug testing companies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers (e.g., mental health provider/agency, substance abuse treatment provider/agency)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug prevention groups/agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community advocacy groups	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Department of Veterans Affairs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational organizations (includes public schools, private schools, colleges, and educational boards or departments)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community/Civic Leaders	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business community	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researchers/Evaluators	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If other, please describe						

Problem Analysis

4. Did you conduct problem analysis during the reporting period? *Problem analysis is an approach/method/process conducted within the police agency in which formal criminal justice theory, research methods, and comprehensive data collection and analysis procedures are used in a systematic way to conduct in-depth examination of, develop informed responses to, and evaluate crime and disorder problems.*
 - A. Yes/No (if No, skip to Response to Problem section)

5. Please identify the data used to inform your project? *Select all that apply.*
 - A. ____ PDMP data
 - B. ____ Medical claims information
 - C. ____ Overdose death data

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- D. ____ Official police call, crime and arrest data (e.g., calls for service related to overdoses, heroin arrests, etc.)
- E. ____ Public health indicators (e.g., naloxone administrations)
- F. ____ Hospital admissions data (e.g., admissions for overdoses)
- G. ____ Drug testing data
- H. ____ Substance abuse treatment admissions data
- I. ____ Probation and parole data
- J. ____ Pretrial data
- K. ____ Jail admissions data
- L. ____ Prosecution data (e.g., case filings)
- M. ____ Court data (e.g., case outcomes, convictions, sentences)
- N. ____ Reentry data
- O. ____ Child welfare data
- P. ____ Client risk/needs assessments
- Q. ____ Focus group data (e.g., focus groups of community members, officers, or clients)
- R. ____ Survey data (e.g., surveys of community members, officers, clients, service providers)
- S. ____ Recovery support service provider data

RESEARCH PARTNER ACTIVITIES

- 6. Has your research partner provided you with any analysis products (e.g., problem analysis products, progress reports, final report, and presentation slides) during the reporting period?
 - A. Yes/No
 - B. If Yes, please list and briefly describe the products received during the reporting period:

- 7. Please indicate whether you used analysis to inform the following targeted interventions or program response activities during the reporting period. *Analysis includes the review of crime data, disorder data, or other systematic data sources (e.g., systematic observations of place, survey data) to inform police activities and decision-making.*

	Not Applicable	Yes	No
Working group decision-making	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal investigations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term crime reduction and prevention (strategic approach)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tactical strategies (e.g., short-term crime reduction or prevention strategies)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informing the media/public	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. In which of the following activities did your research partner assist with the problem analysis during the reporting period? *Select all that apply.*
- A. Analysis was not conducted this reporting period [if this is selected, should not be able to choose any other options]
 - B. Analysis was conducted this reporting period, but findings were not applied in any way [if this is selected, should not be able to choose any other options]
 - C. Provided training and/or technical assistance to agency analysts
 - D. Introduced new partners to the working group to assist with problem response
 - E. Collected data for the problem analysis
 - F. Conducted or assisted in ongoing data analysis
 - G. Interpreted analysis results
 - H. Provided recommendations on program strategies
 - I. Presented analysis results/recommendations to the agency and/or multidisciplinary action group
 - J. Communicated analysis results/recommendations to groups outside of the agency and/or multidisciplinary action group (e.g., local government, community organizations, media)
9. How does your agency plan to use the results of the completed assessment/evaluation? *Select all that apply.*
- A. To improve program policies or practice
 - B. To demonstrate the benefits or cost effectiveness of the program
 - C. To support the need for funding to sustain the program
 - D. To publish papers in practitioner or academic journals (e.g., *The Police Chief*, *The FBI Law Enforcement Bulletin*, *Criminology*, *Justice Quarterly*)
 - E. For presentations at regional/national conferences or meetings
 - F. To share with outside stakeholders, the public, or the media
 - G. Other (please describe) _____