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
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.

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Description</th>
<th>Who Completes It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Questionnaire</td>
<td>This questionnaire asks grantees and subgrantees for general information about their COAP project.</td>
<td>All grantees and subgrantees EXCEPT those funded through the Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement projects category</td>
</tr>
<tr>
<td>Overdose Outreach</td>
<td>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.</td>
<td>Grantees and subgrantees funded through the overdose outreach projects category</td>
</tr>
<tr>
<td>Technology-Assisted Treatment</td>
<td>This questionnaire includes questions on the use of technology to overcome obstacles in delivering recovery support and treatment services.</td>
<td>Grantees and subgrantees funded through the technology-assisted treatment projects category</td>
</tr>
<tr>
<td>System-Level Diversion and Alternatives to Incarceration</td>
<td>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.</td>
<td>Grantees and subgrantees funded through the diversion and alternatives to incarceration projects category</td>
</tr>
<tr>
<td>Statewide Planning, Coordination, and Implementation</td>
<td>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.</td>
<td>Grantees funded through the statewide planning, coordination, and implementation projects category</td>
</tr>
<tr>
<td><strong>PDMP Implementation and Enhancement</strong></td>
<td>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.</td>
<td>Grantees funded through the Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement projects category</td>
</tr>
<tr>
<td><strong>Data-Driven Responses to Prescription Drug Misuse</strong></td>
<td>This questionnaire includes questions focused on the development and sustainability of multidisciplinary approaches, data sharing and public health partnerships.</td>
<td>Grantees and subgrantees funded through the data-driven PDMP projects category</td>
</tr>
</tbody>
</table>
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.
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:

<table>
<thead>
<tr>
<th>Reason(s) for no grant activity during the reporting period.</th>
<th>Select all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>In procurement</td>
<td>○</td>
</tr>
<tr>
<td>Project or budget not approved by agency, county, city, or State governing agency</td>
<td>○</td>
</tr>
<tr>
<td>Seeking subcontractors (Proposal stage only)</td>
<td>○</td>
</tr>
<tr>
<td>Waiting to hire project manager, additional staff, or coordinating staff</td>
<td>○</td>
</tr>
<tr>
<td>Paying for the program using prior Federal funds</td>
<td>○</td>
</tr>
<tr>
<td>Administrative hold (e.g., court case pending)</td>
<td>○</td>
</tr>
<tr>
<td>Still seeking BJA budget approval</td>
<td>○</td>
</tr>
<tr>
<td>Waiting for partners or collaborators</td>
<td>○</td>
</tr>
<tr>
<td>Other</td>
<td>○</td>
</tr>
<tr>
<td>If Other, please explain:</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Dollar Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. COAP grant funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>B. Other (Non-COAP) BJA grant funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>C. CDC grant funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>D. SAMHSA grant funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>E. Other Federal grant funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>F. State funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>G. Local funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
</tbody>
</table>

This questionnaire is to be used only for data collection purposes. Data must be entered in the PMT at https://bjapmt.ojp.gov.
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: ____________________
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)
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.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>N/A</th>
<th>Unavailable</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening to identify individuals at high-risk for overdose</td>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Screening to identify individuals with substance use disorders</td>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Law enforcement diversion programs</td>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Prosecutor led diversion programs</td>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Pretrial diversion programs</td>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Treatment courts (e.g., drug court)</td>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Probation services designed to meet the needs of individuals with substance use disorders</td>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Jail or prison-based substance use treatment programs</td>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Reentry programs</td>
<td></td>
<td></td>
<td>☐</td>
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<td>☐</td>
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</tbody>
</table>
### PERFORMANCE MEASURES

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer recovery services</td>
<td></td>
<td></td>
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<tr>
<td>Treatment services in rural communities within our service area</td>
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<tr>
<td>Naloxone distribution/deployment</td>
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<tr>
<td>Medication-Assisted Treatment (MAT)</td>
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<tr>
<td>Overdose prevention programs</td>
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<tr>
<td>Public education campaigns</td>
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<tr>
<td>Outreach to other professionals</td>
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<tr>
<td>Hot spot analysis (e.g., identifying geographic areas with a cluster of individuals at high-risk for substance use or overdose)</td>
<td></td>
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<tr>
<td>Targeted educational interventions in hot spots</td>
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<tr>
<td>Substance abuse prevention coalitions</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>The following stakeholders exhibit a high level of collaboration with one another:</th>
<th>N/A</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal courts and child welfare agencies</td>
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<tr>
<td>Local and State law enforcement</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Local and Federal law enforcement</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State and Federal law enforcement</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Criminal justice agencies and substance use treatment providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare providers and substance use treatment providers</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Probation/parole and substance use treatment providers</td>
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</tr>
</tbody>
</table>
This section's purpose is to measure training availability on COAP initiatives during reporting periods. This section also focuses on the frequency and quality of training and technical assistance (TTA) provided by BJA-funded training assistance partners. The overall OJP program measures related to this section are:

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.

<table>
<thead>
<tr>
<th>Training Name</th>
<th>Number of Training Sessions Received</th>
<th>Number People Trained</th>
<th>Length of Course</th>
<th>Training Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Open text]</td>
<td></td>
<td></td>
<td>[Open text]</td>
<td>[Open text]</td>
</tr>
<tr>
<td>[Open text]</td>
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<td>[Open text]</td>
<td>[Open text]</td>
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<tr>
<td>[Open text]</td>
<td></td>
<td></td>
<td>[Open text]</td>
<td>[Open text]</td>
</tr>
</tbody>
</table>

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? ____
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.

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

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 knowledge 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 an 8-hour course, and a week-long course is typically classified as a 40-hour course.
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)
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
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.

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>N/A</th>
<th>Have Applied for Funding</th>
<th>Have Secured Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private funding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please describe)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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)
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.*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. During the reporting period, how many individuals were referred to recovery support services? <em>Please report individuals only the first time they are referred.</em></td>
<td></td>
<td>Auto fill</td>
</tr>
<tr>
<td>B. Of those, how many individuals received recovery support services? <em>Do not include individuals who began receiving services in a previous reporting period.</em></td>
<td></td>
<td>Auto fill</td>
</tr>
</tbody>
</table>

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)*
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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. During the reporting period, how many individuals were referred to substance use treatment services? Please report individuals only the first time they are referred.</td>
<td></td>
<td>Auto fill</td>
</tr>
<tr>
<td>B. During the reporting period, how many individuals were assessed for substance abuse? Please report individuals only the first time they are assessed for services.</td>
<td></td>
<td>Auto fill</td>
</tr>
<tr>
<td>C. Of those, how many individuals received substance use treatment services? Do not include individuals who began receiving services in a previous reporting period.</td>
<td></td>
<td>Auto fill</td>
</tr>
</tbody>
</table>

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: _____
PERFORMANCE MEASURES

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)*
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.

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

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) __________________________

This questionnaire is to be used only for data collection purposes. Data must be entered in the PMT at https://bjapmt.ojp.gov.
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)
### 4. Please describe the status of the following program planning activities:

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

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
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)*

<table>
<thead>
<tr>
<th>Service</th>
<th>N/A</th>
<th>Currently Deliver Remotely</th>
<th>Plan to Deliver Remotely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening and assessment</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Group therapy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Individual therapy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prescribing and monitoring of medication</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Supervision check-ins</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Online curriculum</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Court check-ins</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Recovery support services</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. During the reporting period, how many individuals were referred to recovery support services? Please report individuals only the first time they are referred.</td>
<td></td>
<td>Auto fill</td>
</tr>
<tr>
<td>B. Of those, how many individuals received recovery support services delivered via a technology solution? Do not include individuals who began receiving services in a previous reporting period.</td>
<td></td>
<td>Auto fill</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. During the reporting period, how many individuals were referred to substance use treatment services? Please report individuals only the first time they are referred.</td>
<td>[ ]</td>
<td>Auto fill</td>
</tr>
<tr>
<td>B. During the reporting period, how many individuals were assessed for substance abuse? Please report individuals only the first time they are assessed for services.</td>
<td>[ ]</td>
<td>Auto fill</td>
</tr>
<tr>
<td>C. Of those, how many individuals received substance use treatment services delivered via a technology solution? Do not include individuals who began receiving services in a previous reporting period.</td>
<td>[ ]</td>
<td>Auto fill</td>
</tr>
</tbody>
</table>

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? ___
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
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) ____________________________
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.*

<table>
<thead>
<tr>
<th>This partner is actively involved in the COAP program:</th>
<th>N/A</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>County/city leadership</td>
<td></td>
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<td>Tribal leadership</td>
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<td>Federal law enforcement agencies</td>
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<td>State law enforcement agencies</td>
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</table>
### PERFORMANCE MEASURES

| Local law enforcement agencies | Pretrial service organization | Prosecutor’s office | Public defender’s office/defense attorney | Courts | Probation/Parole | Jail/Corrections administrators | Reentry services provider | Health care providers/public health | Mental health providers | Substance use disorder treatment providers | Child protective services | Community-based service providers (e.g., housing, employment) | Substance abuse prevention groups | Recovery community representatives/peers | Subject-matter experts | Foundations/philanthropic organizations | Researcher, evaluator, or statistical analysis center | Victim advocates | Faith community | Business community | Neighborhood community groups | Other (please describe) |
|-------------------------------|--------------------------------|---------------------|-------------------------------------------|--------|-----------------|---------------------------------|--------------------------|-------------------------------|------------------------|-------------------------------------------|---------------------------|-------------------------------------------------|--------------------------------|-------------------------------------------|-------------------|-------------------------------|--------------------------------|--------------------------|------------------|-------------------|------------------------|----------------------|------------------------|
|                               |                                |                     |                                           |        |                 |                                 |                          |                               |                        |                                           |                           |                                                |                               |                                           |                  |                                |                                 |                          |                 |                  |                        |                      |                        |
BUREAU OF JUSTICE ASSISTANCE
Comprehensive Opioid Abuse Site-based Program
System-level Diversion and Alternatives to Incarceration Projects
PERFORMANCE MEASURES

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:

<table>
<thead>
<tr>
<th>Planning guide activities</th>
<th>N/A</th>
<th>Not Started</th>
<th>In Progress</th>
<th>Complete</th>
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</thead>
<tbody>
<tr>
<td>Hired the key project staff/completed contracts</td>
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<tr>
<td>Made requests for data</td>
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<tr>
<td>Developed an inventory of services and programming</td>
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<tr>
<td>Identified system gaps</td>
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<tr>
<td>Identified a target population</td>
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<tr>
<td>Developed a screening and referral process</td>
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<tr>
<td>Developed a referral process</td>
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<tr>
<td>Identified evidence-based services and support</td>
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<tr>
<td>Developed performance measures</td>
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<tr>
<td>Developed a plan to collect data/track program progress</td>
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<td>Developed an implementation plan</td>
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<td>Developed a sustainability plan</td>
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<tr>
<td>Developed an evaluation plan</td>
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<tr>
<td>Other</td>
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</table>

If Other, please explain
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) ____________________________________________
PERFORMANCE MEASURES

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.*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. During the reporting period, how many individuals were referred to COAP-funded diversion services? Please report individuals only the first time they are referred.</td>
<td>Auto fill</td>
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<tr>
<td>B. Of those, how many individuals were identified as eligible for your diversion program?</td>
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<tr>
<td>C. Of those, how many individuals were enrolled in your diversion program? Do not include individuals who began receiving services in a previous reporting period.</td>
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</table>

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? ____________
[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.

<table>
<thead>
<tr>
<th>Number of People</th>
<th>Measure</th>
<th>Number</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. During the reporting period, how many individuals were referred to your COAP-funded alternative to incarceration program? Please report individuals only the first time they are referred.</td>
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<td>Auto fill</td>
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<tr>
<td></td>
<td>B. Of those, how many individuals were identified as eligible for your alternative to incarceration program?</td>
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<tr>
<td></td>
<td>C. Of those, how many individuals were enrolled in your alternative to incarceration program? Do not include individuals who began receiving services in a previous reporting period.</td>
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<td>Auto fill</td>
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</tbody>
</table>

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)
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.

<table>
<thead>
<tr>
<th>Number of People</th>
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<tbody>
<tr>
<td>Measure</td>
</tr>
<tr>
<td>A. During the reporting period, how many justice-involved individuals were referred to recovery support services? Please report individuals only the first time they are referred.</td>
</tr>
<tr>
<td>B. Of those, how many justice-involved individuals received recovery support services? Do not include individuals who began receiving services in a previous reporting period.</td>
</tr>
</tbody>
</table>

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)
PERFORMANCE MEASURES

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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. During the reporting period, how many individuals were referred to substance use treatment services? Please report individuals only the first time they are referred.</td>
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<td>Auto fill</td>
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<tr>
<td>B. During the reporting period, how many individuals were assessed for substance abuse? Please report individuals only the first time they are assessed for services.</td>
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<td>Auto fill</td>
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<tr>
<td>C. Of those, how many individuals received substance use treatment services? Do not include individuals who began receiving services in a previous reporting period.</td>
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<td>Auto fill</td>
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</tbody>
</table>

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: ____
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
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)
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 reinstitution
FF. ____Establish or expand housing (e.g., sober recovery housing)
GG. ____Establish or 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)
4. Please describe the status of the following program planning activities:

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

<table>
<thead>
<tr>
<th>This partner is actively involved in the COAP program:</th>
<th>N/A</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tr>
<td>State Administrative Agency (criminal justice planning agency)</td>
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<tr>
<td>Single State Agency (state substance abuse services)</td>
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<td>Administrative Office of the Courts</td>
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<td>State probation and parole</td>
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<td>State police</td>
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<td>Drug Enforcement Agency (DEA)</td>
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<td>High Intensity Drug Trafficking Area (HIDTA)</td>
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<td>State child welfare agency</td>
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<td>State public health agency</td>
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<td>State statistical analysis center/Researcher</td>
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<td>County/City representation</td>
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<td>Child protective services</td>
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<td>Recovery community representatives</td>
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<td>Governor’s Office/Coordinating Council</td>
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<td>Other (please describe)</td>
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</table>
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.]
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
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:

<table>
<thead>
<tr>
<th>Reason(s) for no grant activity during the reporting period.</th>
<th>Select all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>In procurement</td>
<td>☐</td>
</tr>
<tr>
<td>Project or budget not approved by agency, county, city, or State governing agency</td>
<td>☐</td>
</tr>
<tr>
<td>Seeking subcontractors (Request for Proposal stage only)</td>
<td>☐</td>
</tr>
<tr>
<td>Waiting to hire project manager, additional staff, or coordinating staff</td>
<td>☐</td>
</tr>
<tr>
<td>Paying for the program using prior Federal funds</td>
<td>☐</td>
</tr>
<tr>
<td>Administrative hold (e.g., court case pending)</td>
<td>☐</td>
</tr>
<tr>
<td>Still seeking BJA budget approval</td>
<td>☐</td>
</tr>
<tr>
<td>Waiting for partners or collaborators</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
</tbody>
</table>

If Other, please explain

This questionnaire is to be used only for data collection purposes. Data must be entered in the PMT at [https://bjapmt.ojp.gov](https://bjapmt.ojp.gov).
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.

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Dollar Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. COAP grant funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>B. Other (Non-COAP) BJA grant funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>C. CDC grant funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>D. SAMHSA grant funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>E. Other Federal grant funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>F. State funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>G. Local funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>H. Private funding</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
<tr>
<td>I. Other, please describe:</td>
<td>&lt;autocalc&gt;</td>
<td></td>
</tr>
</tbody>
</table>

| Total                                 | (auto fill sum) | (auto fill sum) |
**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.
Prescriber Use Mandates

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.

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

PDMP System for Licensed Pharmacists

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

<table>
<thead>
<tr>
<th>Pharmacists</th>
<th>Enter Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of pharmacists licensed to dispense controlled substances in your state</td>
<td></td>
</tr>
<tr>
<td>Number of pharmacists that have been formally trained to use the PDMP system</td>
<td></td>
</tr>
<tr>
<td>Number of pharmacists in your state registered to use the PDMP system</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pharmacies</th>
<th>Enter Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of pharmacies licensed to dispense controlled substances in your state</td>
<td>Enter Number</td>
</tr>
<tr>
<td>Number of pharmacies that have been formally trained to use the PDMP system</td>
<td>Enter Number</td>
</tr>
<tr>
<td>Number of pharmacies in your state registered to use the PDMP system</td>
<td>Enter Number</td>
</tr>
</tbody>
</table>

**Authorized Investigators**

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

<table>
<thead>
<tr>
<th>Investigators</th>
<th>Enter Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigators authorized to use the PDMP system that have been formally trained to use the PDMP system</td>
<td>Enter Number</td>
</tr>
<tr>
<td>Number of investigators authorized to use the PMDP system to conduct investigations for <strong>law enforcement</strong> purposes</td>
<td>Enter Number</td>
</tr>
<tr>
<td>Number of <strong>law enforcement investigators</strong> who ran at least one PDMP report during the 3-month reporting period</td>
<td>Enter Number</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Regulatory Agency Personnel</th>
<th>Enter Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of regulatory agency personnel authorized to use the PDMP system that have been formally trained to use the PDMP system</td>
<td>Enter Number</td>
</tr>
<tr>
<td>Number of regulatory agency personnel authorized to use the PDMP system to conduct investigations for <strong>regulatory</strong> purposes</td>
<td>Enter Number</td>
</tr>
<tr>
<td>Number of <strong>regulatory agency personnel</strong> who ran at least one PDMP report during the 3-month reporting period</td>
<td>Enter Number</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Schedule of Medication</th>
<th>Youth</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>A  Schedule II</td>
<td>Enter Number</td>
<td>Enter Number</td>
</tr>
<tr>
<td>B  Schedule III</td>
<td>Enter Number</td>
<td>Enter Number</td>
</tr>
<tr>
<td>C  Schedule IV</td>
<td>Enter Number</td>
<td>Enter Number</td>
</tr>
</tbody>
</table>

**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?

<table>
<thead>
<tr>
<th>Number of Patients Exceeding Thresholds for Drug Schedules in 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Threshold A: 5+ Prescribers and 5+ Pharmacies in 3 Months</strong></td>
</tr>
<tr>
<td>Number of unique patients who exceeded the thresholds for <strong>ONE</strong> 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).</td>
</tr>
<tr>
<td>Number of unique patients who exceeded the thresholds for <strong>MORE THAN ONE</strong> 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).</td>
</tr>
<tr>
<td><strong>Threshold B: 10+ Prescribers and 10+ Pharmacies in 3 Months</strong></td>
</tr>
<tr>
<td>Enter Number</td>
</tr>
</tbody>
</table>

**PDMP REPORTING**

**Number of PDMP Reports Produced**

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

<table>
<thead>
<tr>
<th>Type of user</th>
<th>Intrastate Reports</th>
<th>Interstate Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Solicited Reports to End Users In State</td>
<td>Number of Unsolicited Reports to End Users In State</td>
</tr>
<tr>
<td>A. Prescribers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Pharmacies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Pharmacists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Law enforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Regulatory Agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Researchers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Medical Examiners/Coroners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Substance Abuse Treatment Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Drug Court Judges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Other (please describe below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. Total Number of Reports</td>
<td>AutoCalc</td>
<td>AutoCalc</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>This partner is actively involved in the program</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDMPs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Law enforcement (e.g., local law enforcement, state law enforcement, Sheriff’s Department, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Probation/Parole Department</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Jail/Detention Center</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>District Attorney/Prosecutor’s Office</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Drug courts and other problem-solving courts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### Performance Measures

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

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
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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not Applicable</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working group decision-making</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosecution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal investigations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term crime reduction and prevention (strategic approach)</td>
<td></td>
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<tr>
<td>Tactical strategies (e.g., short-term crime reduction or prevention strategies)</td>
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<tr>
<td>Informing the media/public</td>
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</tbody>
</table>

This questionnaire is to be used only for data collection purposes. Data must be entered in the PMT at https://bjapmt.ojp.gov.
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) _________________________________________