

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

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

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

**PROGRAM OBJECTIVES**

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

**STRUCTURE OF THE QUESTIONNAIRE**

The *COAP Grant Program* questionnaire contains performance measures and narrative questions (goals and objectives). Complete the performance measures in the BJA Performance Measurement Tool (PMT) four times per year to report on your activity during the prior 3 months, also known as a reporting period. Complete the goals and objectives questions twice each year.

**ROLES AND RESPONSIBILITIES FOR COMPLETION**

BJA's expectation is that the person completing these questions will know the status and progress of all aspects of your COAP program. Therefore, your agency's COAP coordinator/grantee point of contact (or another designated person with working knowledge of the COAP project) should complete these questions on your COAP initiative's behalf. Your agency should also consult with your research partner and other partner agencies to complete these responses.

**PMT REPORTING PERIODS**

In January and July of each year, you will be responsible for creating a report from the PMT that you upload into the Grants Management System (GMS). This is the GMS report. During the non-submission reporting periods, you are encouraged to create reports for your records, but you will not upload them to the GMS. Enter your responses to the questions that follow in the PMT at <https://bjapmt.ojp.gov>. If you have any questions about the PMT or performance measures, please call the BJA PMT Helpdesk at 1-888-252-6867, or send an e-mail to [BJAPMT@usdoj.gov](mailto:BJAPMT@usdoj.gov).

**NOTE: Data entry will occur quarterly, with a 30-day submission period following the close of the reporting period.** If you have questions about your program, please contact your State Policy Advisor (SPA) at <https://www.bja.gov/About/Contacts/ProgramsOffice.html>

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

**AWARD ADMINISTRATION**

1. Is this the last reporting period for which the award will have data to report? *For example, all funds have been expended, and the award is in the process of closing out in the Grants Management System (GMS). If you select "Yes," you will be directed to answer the questions in the Closeout section. This is a one-time-only section that you will respond to before report closeout.*
  - A. Yes/ No
  - B. If Yes, answer the **Closeout** questions, and create a final report.

**GRANT ACTIVITY**

2. Was there **grant activity** during the reporting period? *There is grant activity when the grantee has obligated, expended, or drawn down grant funds to implement objectives proposed in the BJA-approved grant application. If you select "Yes," the program becomes Operational and should remain so until the grant closes out.*
  - A.  Yes/ No
  - B. If No, please select from the following responses:

Reason(s) for no grant activity during the reporting period.	<i>Select all that apply</i>
In procurement	<input type="radio"/>
Project or budget not approved by agency, county, city, or state governing agency	<input type="radio"/>
Seeking subcontractors (request for proposal stage only)	<input type="radio"/>
Waiting to hire project manager, additional staff, or coordinating staff	<input type="radio"/>
Paying for the program using prior federal funds	<input type="radio"/>
Administrative hold (e.g., court case pending)	<input type="radio"/>
Still seeking BJA budget approval	<input type="radio"/>
Waiting for partners or collaborators	<input type="radio"/>
Other	<input type="radio"/>
If Other, please explain	

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

Funding Source		Dollar Amount	Percent
A.	COAP grant funding	184,364	<autocalc>
B.	Other (Non-COAP) BJA grant funding		<autocalc>
C.	Other DOJ grant funding		<autocalc>
C.	CDC grant funding		<autocalc>
D.	SAMHSA grant funding		<autocalc>
E.	Other federal grant funding		<autocalc>
F.	State funding		<autocalc>
G.	Local funding		<autocalc>
H.	Private funding		<autocalc>
I.	In-kind support		<autocalc>
J.	Other (please describe)		<autocalc>
	<b>Total</b>	(auto fill sum)	(auto fill sum)

184,364

**SITE/PROJECT INFORMATION**

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

4. Please provide the name and contact information for the Project Director that your agency will be working with as part of this COAP program. *If there has been a change in the Project Director, please update. (Carry-forward)*
- A. Name: Ellen Moriarty
- B. Contact information:
1. Telephone number: (276) 920-7005
2. E-mail: ellen.moriarty@mrcsb.state.va.us
5. Has there been a change in your COAP Project Director during the reporting period?
- A. Yes. Please explain: \_\_\_\_\_
- B.  No
6. Does your COAP project include a researcher or research partner? *(Carry-forward)*
- A. Yes
- B.  No *(Skip to question 9)*

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

7. Please provide the **primary** POC for the researcher/research partner that your agency will be working with as part of this COAP program. *If there has been a change in the researcher/research partner POC, please update. (Carry-forward)*
- A. Name: \_\_\_\_\_
- B. Research partner POC information:
1. Name of Agency: \_\_\_\_\_
2. Telephone number: \_\_\_\_\_
3. E-mail: \_\_\_\_\_
8. Has there been a change in your COAP researcher/research partner or a significant change in the research team members during the reporting period?
- A. Yes. Please explain: \_\_\_\_\_
- B. No
9. Do you have a webpage for your program? *(Carry-forward)*
- A. Yes. Please provide the URL: \_\_\_\_\_
- B.  No
10. What geographic area is served by your grant activities? *(Carry-forward)*
- A.  A geographic area within a single city/county
- B.  A single city/county
- C.  Multiple geographic areas within a single state (e.g., multiple cities or counties)
- D.  The entire state
- E.  Multistate
11. How would you describe the geographic area served by your grant activities? *(Carry-forward)*
- A.  Urban (i.e., a large city with 50,000 or more people)
- B.  Suburban (i.e., a territory outside of a large city with a population of 2,500 to 50,000 people or more)
- C.  Rural (i.e., a territory that encompasses all people and housing not included within a suburban, urban, or tribal area)
- D.  Mixed (i.e., some combination of the above designations)
12. Are any of your funds going to a tribal territory or community, and/or does the project serve a tribal community? A tribal territory is one that contains a concentration of people who identify with a federally recognized tribe. *(Carry-forward)*
- A. Yes/ No
- B. If Yes, please identify the tribal territory: \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

13. In which of the following ways were data analysis findings applied to your program during the reporting period? *Select all that apply.*
- A.  Analysis was not conducted this reporting period
  - B.  Analysis was conducted this reporting period, but findings were not applied in any way
  - C.  Informed our understanding of the problem of focus
  - D.  Informed decisions to improve program implementation
  - E.  Incorporated into program evaluation (e.g., outcome, process)
  - F.  Presented as results/recommendations to the program leadership, staff, or workgroup
  - G.  Communicated as results/recommendations to groups outside of the workgroup (e.g., local government, community organizations, media)
14. Please indicate the major obstacles the program faces when providing treatment and recovery support services in your area. *Select all that apply. (Carry-forward)*
- A.  We are not facing any major obstacles to providing services
  - B.  Lack of public transportation
  - C.  Limited availability of appropriate substance abuse treatment services
  - D.  Limited availability of recovery support services
  - E.  Limited public support for services and/or facilities
  - F.  Limited hours of service
  - G.  Limited client participation/commitment
  - H.  Other (please describe) *COVID-19*

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

15. What obstacles, if any, did you encounter over the last reporting period that has had an impact on your project? *Select all that apply.*

- A.  No obstacles or barriers (N/A)
- B.  Access to data
- C.  Level of referrals to our program
- D.  Collaboration/coordination between partner agencies
- E.  Hiring project staff
- F.  Staff turnover
- G.  Retaining treatment providers
- H.  Competing agency priorities
- I.  Funding
- J.  Legal obstacles
- K.  Concerns about confidentiality
- L.  Differences in program implementation between partners
- M.  Technology challenges
- N.  Federal grant administration issues (e.g., unable to secure approval)
- O.  TTA provider
- P.  Other (please describe) *COVID-19*

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

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

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

Service	N/A	Currently Deliver Remotely	Plan to Deliver Remotely
Screening and assessment	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Group therapy	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Individual therapy	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Prescribing and monitoring of medication	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Supervision check-ins	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Online curriculum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court check-ins	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Recovery support services	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other (please describe)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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



**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

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

**TRAINING AND TECHNICAL ASSISTANCE**

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

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

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

- A. Yes  
 B.  (Skip to question 22)

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

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

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

22. Did you/your agency/entire workgroup receive any technical assistance from a BJA-funded provider during the reporting period? *Technical assistance can be defined as using a partner for assistance implementing programs, strategic planning, curriculum development, data analysis, meetings, fostering relationships, trainings, research and information requests, and other technical areas that would supplement your COAP program.*

A. Yes

B.  No (Skip to question 24)

C. If Yes, how many TTA providers did you work with during the reporting period? \_\_\_\_

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

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

**TRAINING DEVELOPMENT**

For 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.

24. Were COAP grant funds used to develop a training course or curricula?

A. Yes. *Materials/curricula should be submitted to BJA via GMS with your progress report.*

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

B.  (No) Skip to next section)

25. What type of training course/curriculum was developed?

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

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

---

---

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

A.  hours

28. What is the intended mode of delivery for your training course/curriculum? *Select all that apply.*

- A.  Classroom based (e.g., in-person, face to face)
- B.  Web based (e.g., webinar)
- C.  Prerecorded (e.g., training videos)
- D.  Self-study (e.g., manuals, guidebooks, or other materials)
- E.  Other (please describe)

**BUREAU OF JUSTICE ASSISTANCE**  
Comprehensive Opioid Abuse Site-based Program  
Combined Performance Measures  
**PERFORMANCE MEASURES**

**OUTREACH, AWARENESS, AND PREVENTION ACTIVITIES**

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

29. Did the COAP funded program conduct any training, outreach, awareness, or prevention activities during the reporting period? *Community outreach and prevention could include activities like producing public service announcements, hosting an online or in-person presentation or meeting, providing training in the use of naloxone, etc. Please do not include internal or external trainings.*
- A. Yes  
B.  No (Proceed to next section)
30. Please indicate the type of training, outreach, awareness, and prevention activities supported by COAP during the reporting period. (Select one at a time and enter up to 5 per quarter)
- A. Train individuals on how to use naloxone. (Go to question 31)  
B. Implement a media campaign targeting the general public. (Go to next section)  
C. Provide training and other professional development opportunities to increase the number of providers, including physicians, behavioral health providers, advanced practice nurses, pharmacists, and other health and social service professionals, who are able to identify and treat substance use disorder (SUD) or opioid use disorder (OUD). (Go to questions 32–34)  
D. Increase the number of providers who use a Prescription Drug Monitoring Program. (Go to questions 32–34)  
E. Provide education to improve family members' or caregivers' understanding of evidence-based treatments and prevention strategies for SUD or OUD. (Go to questions 32–34)  
F. Implement or expand community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances. (Go to questions 32–34)  
G. Implement or expand non-law enforcement led school-based prevention programs that are evidence-based to prevent misuse of opioids and other substances. (Go to questions 32–34)  
H. Identify and screen individuals who are at risk of SUD/OUD. (Go to question 35)  
I. Implement or expand drug take-back programs. (Go to questions 36–37)  
J. Implement or expand hepatitis or HIV testing for individuals with OUDs. (Go to question 38)  
K. Implement or expand a syringe exchange program. (Go to question 38)
31. How many of the following types of individuals received training in the use of naloxone through your COAP program during the reporting period? *Please only count individuals in the category that best describes their role.*
- A. General public \_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

33. Please describe the method of delivery for the training, outreach, awareness, or prevention activity. *Select all that apply:*

- A.  In-person training/meeting/talk
- B.  Online training
- C.  Other (please describe)

34. How many total people attended a training, outreach, awareness, or prevention activity during the reporting period?

- A. Number of adults (18+)
- B. Number of youth (less than 18)
- C. Not tracked

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

36. During the reporting period, how many local, state, or national Take Back Day events did you coordinate/participate in with a law enforcement agency?

- A. Number of events
- B. Pounds of controlled substances recovered

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

- A. Pounds of controlled substances received
- B. Of those, pounds of controlled substances disposed of

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

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

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

**DIVERSION, RECOVERY SUPPORT, AND SUBSTANCE USE TREATMENT SERVICES**

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

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



**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

41. What entities refer/identify individuals to your program? *Select all that apply. (Carry-forward)*

- A.  Police officer/police employees
- B.  Sheriff's department staff
- C.  Fire department employees
- D.  Emergency medical services staff
- E.  Prosecutor's office
- F.  Defense attorney/public defender
- G.  Pretrial services
- H.  Courts
- I.  Probation
- J.  Parole
- K.  Jail/prison staff
- L.  Reentry services provider
- M.  Substance abuse treatment provider
- N.  Child protective services
- O.  Court clinician
- P.  School staff
- Q.  Self-referral
- R.  Hospital emergency department staff
- S.  Other health care provider
- T.  Friends and/or family
- U.  Victim service provider
- V.  Not applicable

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

42. Who is the lead agency for the first responder diversion program? *If you have co-leads, select all that apply. (Carry-forward)*

- A.  Sheriff's office
- B.  Police department
- C.  EMS
- D.  Fire department
- E.  Combined fire department/EMS
- F.  Community/advocacy agency
- G.  Social service agency
- H.  Behavioral health agency
- I.  City, county, or state public health agency
- J.  Tribal agency
- K.  Other (please describe)

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

43. How do individuals enter your first responder diversion program? *Select all that apply.*  
*(Carry-forward)*
- A.  An individual voluntarily initiates contact with a first responder agency for a treatment referral; if contact is initiated with a law enforcement agency, the individual makes the contact without fear of arrest. *(Question 45 is required)*
  - B.  A first responder intentionally identifies or seeks an individual(s) to refer or engage with treatment and not for the purposes of criminal investigation. *(Question 45 is required)*
  - C.  A first responder or program partner conducts outreach to engage an individual in linkage to treatment, specifically in response to an individual that has had a recent opioid overdose. *(Question 45 is required)*
  - D.  A first responder provides treatment referrals/engagement during routine activities (e.g., patrol, response to a service call). NOTE: If law enforcement is the first responder, no charges are filed, or arrests made. *(Question 45 is required)*
  - E.  (Only applicable for Law Enforcement led diversion) The law enforcement first responder provides treatment referrals/engagement during routine activities (e.g. patrol); but the person is not booked into the justice system. Instead the charges are held in abeyance or citations are issued that include a requirement for completion of treatment initiation or a treatment plan. *(Question 46 is required)*
  - F.  Other (Please describe)
44. Which individuals are identified for intervention in your program? *Select all that apply.*  
*(Carry-forward)*
- A.  Not applicable
  - B.  Individuals that frequent known opioid use or overdose "hot spot" locations such as drug markets or transient housing
  - C.  Individuals who are high utilizers of health and/or justice resources
  - D.  Individuals who are identified through the state Prescription Drug Monitoring Program (PDMP) seeking prescriptions from multiple doctors
45. Are you using any of the following branded models? *Select all that apply: (Carry-forward)*
- A.  Angel/Police Assisted Addiction and Recovery Initiative (PAARI)
  - B.  Quick Response Team (QRT)
  - C.  Law Enforcement Assisted Diversion (LEAD)
  - D.  Civil Citation
  - E.  Safe Station
  - F.  Other (Please describe)

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

46. What recovery support services are COAP grant funds supporting in whole or in part? *Select all that apply.*

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

47. Through what mechanisms are referrals to recovery support services made? *Select all that apply. (Carry-forward)*

- A.  Individuals receive written information (e.g., card, flyer, brochure or handout) about treatment and/or services resources.
- B.  Individuals receive a written referral to a treatment and/or services provider by the program.
- C.  Individuals receive a treatment and/or services appointment at a specific date and time by the program.
- D.  Individuals receive a "warm handoff" via a personal introduction by the program to treatment/recovery/peer/case managers in real time for assessment and coordination of treatment planning.
- E.  Other (please describe)

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

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

Number of People		
Measure	Number	Cumulative Total
A. During the reporting period, how many individuals were referred to recovery support services through your program or other agencies/community support groups? Please report individuals only the first time they are referred.	22	Auto fill
B. Of those, how many individuals received recovery support services? Do not include individuals who began receiving services in a previous reporting period.	22	Auto fill
C. Of those individuals that were referred to or received recovery support services, how many were identified as crime victims. If your program is working with a victim service provider, please provide additional information about these individuals in the Supporting Crime Victims Impacted by the Opioid Crisis section.	N/A	Auto fill

49. For those participants receiving recovery support services during the reporting period, how many are receiving services for:

- A. Less than 30 days? 9
- B. 30 days or more? 13

50. For those participants who stopped receiving recovery support services during the reporting period, how many received services for:

- A. Less than 30 days? 7
- B. 30 days or more? 15

51. How many friends/family members of program participants were referred to recovery support services during the reporting period? 0

52. Of those (from question 51), how many were identified as crime victims?

- A. Number identified as crime victims \_\_\_\_\_
- B. Not tracked X

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

53. What substance use or co-occurring treatment services do you fund using your COAP funds? *Select all that apply.*
- A.  The program is not providing substance use or co-occurring treatment services with COAP funds (Skip to next section)
  - B.  Outpatient substance abuse treatment
  - C.  Intensive outpatient substance abuse treatment
  - D.  Residential substance abuse treatment
  - E.  Partial Hospitalization Program (PHP)
  - F.  Inpatient withdrawal management (detoxification)
  - G.  MAT (Question 54 required)
  - H.  Mental health assessment and/or treatment
  - I.  Family therapy
  - J.  Trauma treatment
54. Which MAT medications are offered to individuals in the program?
- A. Methadone
  - Buprenorphine (Suboxone, Subutex)
  - Naltrexone (Vivitrol)
55. Through what mechanisms are referrals to substance use or co-occurring treatment services made? *Select all that apply. (Carry-forward)*
- A.  Individuals receive written information (e.g., card, flyer, brochure or handout) about treatment and/or services resources.
  - B.  Individuals receive a written referral to a treatment and/or services provider by the program.
  - C.  Individuals receive a treatment and/or services appointment at a specific date and time by the program.
  - D.  Individuals receive a "warm handoff" via a personal introduction by the program to treatment/recovery/peer/case managers in real time for assessment and coordination of treatment planning.
  - E.  Other (please explain)

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

Number of People		
Measure	Number	Cumulative Total
A. During the reporting period, how many individuals were referred to substance use or co-occurring treatment services either through your program or other agencies you referred them to? <i>Please report individuals only the first time they are referred.</i>	22	Auto fill
B. During the reporting period, how many individuals were assessed for substance abuse or co-occurring disorders? <i>Please report individuals only the first time they are assessed for services.</i>	22	Auto fill
C. Of those, how many individuals received substance use or co-occurring treatment services? <i>Do not include individuals who began receiving services in a previous reporting period.</i>	22	Auto fill

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

1 days

58. For those participants receiving substance use or co-occurring treatment services during the reporting period, how many are receiving services for:

A. Less than 30 days? 9

B. 30 days or more? 13

59. For those participants who *stopped* receiving substance use or co-occurring treatment services during the reporting period, how many received services for:

A. Less than 30 days? 7

B. 30 days or more? 15

60. Since the beginning of the program, how many subsequent **overdose events** did program participants experience (fatal or nonfatal) in the specified period of time following their referral into the program? *Each overdose event should be counted as a separate incident. This measure should be updated each quarter, providing the total over the life of the grant.*

A. In the first 2 weeks: 0 events

B. In the first month: 0 events

C. In the first 3 months: 0 events

D. In the first 6 months: 0 events

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

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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: 0 participants
- B. In the first month: 0 participants
- C. In the first 3 months: 6 participants
- D. In the first 6 months: 0 participants

62. Please indicate the number of program participants who had the specified number of contacts with their case manager during their first 30 days. A contact could include an in-person meeting, phone call, or series of electronic messages.

- A. 0 contacts within 30 days: 0 participants
- B. 1–2 contacts within 30 days: 5 participants
- C. 3–4 contacts within 30 days: 15 participants
- D. 5 or more contacts within 30 days: 2 participants

### **OPIOID DATA COLLECTION ACTIVITIES**

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

63. Did your COAP program use grant funds to develop or enhance data collection and analysis? *Select "Yes" if you used funds to support any type of data collection including Overdose Detection Mapping Application Program (ODMAP), overdose fatality review, expedite data collection from medical examiners/medical examiners, etc.).*

- A. Yes (Proceed to next question)
- B. No (Skip to next section)

64. Please indicate if you used COAP funds to operate any of the following types of data collection and analysis during the reporting period? Please select only those programs that you are directly supporting with COAP funds. *Select all that apply. (Carry-forward)*

- A.  Implement or expand an overdose fatality review program.
- B.  Conduct rapid assessment to quickly gather data in response to a question or crisis requiring timely intervention, such as a spike in overdoses.
- C.  Conduct testing of drug paraphernalia such as syringes or glassine bags that are collected from syringe exchange programs or from public areas, where the syringe users are anonymous.
- D.  Collaborate with medical examiners or coroners to expedite access to preliminary data on suspected overdose deaths prior to forensic toxicology data.
- E.  Expedite toxicology analysis and utilize screening kits and new technology for potentially novel or counterfeit drugs.
- F.  Administer voluntary and anonymous interviews and collect urine specimens from arrestees in a booking facility or jail on a monthly or quarterly basis to assess the dimension of the local substance abuse problem.
- G.  Implement or expand the use of ODMAP. *Try to work w/ Dept of Health*
- H.  Implement systems to identify infants and children exposed to parental opioid.
- I.  Other (please describe). *Track OD in EHR*

**BUREAU OF JUSTICE ASSISTANCE**  
Comprehensive Opioid Abuse Site-based Program  
Combined Performance Measures  
**PERFORMANCE MEASURES**

**SUPPORTING CRIME VICTIMS AND CHILD WELFARE**

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

65. Did your COAP program use grant funds to develop partnerships with a victim service provider(s) to provide assistance to crime victims impacted by the opioid epidemic? Select "Yes" if you received funds to support a combination of victim services (through a victim services partnership) and general substance use treatment and recovery support services.
- A. Yes (Proceed to next question)
  - B.  No (Skip to next section)
  - C. If yes, please describe how grant funds are being used (e.g., how are you working in partnership to support crime victims as well as ensure access to substance abuse treatment and support) \_\_\_\_\_
66. Please provide the name of the Victim Service Partner involved in your COAP program. If there has been a change in the Victim Service Partner, please update. (Carry-forward)
- A. Name of Agency: \_\_\_\_\_
67. Has there been a change in your Victim Services Partner during the reporting period?
- A. Yes. Please explain: \_\_\_\_\_
  - B. No
68. During the reporting period, please enter the number of individuals assisted with a victim compensation application during the reporting period. Count the number of individuals who received assistance with completing a victim compensation application during the reporting period, even if they did not submit the application. Simply providing an individual with an application does NOT qualify as assistance.
- \_\_\_\_\_



**BUREAU OF JUSTICE ASSISTANCE**  
Comprehensive Opioid Abuse Site-based Program  
Combined Performance Measures  
**PERFORMANCE MEASURES**

69. How many individuals (including anonymous contacts) received services from victim services provider partner(s) during the reporting period? *Count all individuals who were identified as crime victims (e.g., drug endangered children, victims of: child abuse or neglect, domestic violence, sexual assault, human trafficking, identity theft) served by the victim service partner(s) during the reporting period. This number should be an unduplicated count of people served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.*
- A. Total number of individuals provided services \_\_\_\_\_
  - B. Total number of individuals receiving services for the first time (i.e., NEW) \_\_\_\_\_  
*Count all individuals receiving services resulting from the COAP program that received services for the first time during the reporting period. This number should be an unduplicated count of identified NEW clients served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.*
  - C. Total number of **anonymous contacts** \_\_\_\_\_  
*Anonymous contacts are those received by your organization through a hotline, online chat, or other service where the individuality of each contact cannot be established. If your organization did not have any anonymous contacts enter zero (0).*
70. Select the types of services provided by the victim services provider partner(s) during the reporting period: *Select all that apply.*
- A. Services were not provided by the victim service provider partner(s) **(Move to next section)**
  - B. Information and Referral
  - C. Personal Advocacy/Accompaniment
  - D. Emotional Support or Safety Services
  - E. Shelter/Housing Services
  - F. Criminal/Civil Justice System Assistance
  - G. Other services not listed (please describe)
71. Please provide the **number of individuals who received services** by service type AND **number of times each service was provided** during the reporting period. *For each category (items B, C, D, E, and F) selected in Question 70, enter the number of clients who received services from your agency during the reporting period. For each subcategory within a category (e.g., items A1, A2, A3, and A4), enter the number of times that service was provided during the reporting period. Zero is a valid response. Because some clients may receive multiple services, the total number of times that services were provided within a category may be greater than the number of clients who received those services.*

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

**A. INFORMATION and REFERRAL**

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

Number of individuals

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

**A1. Information about the criminal justice process**

Number of occurrences

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

Number of occurrences

**A3. Referral to other victim service programs**

Number of occurrences

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

Number of occurrences

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

Number of occurrences

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

Number of occurrences

**B. PERSONAL ADVOCACY/ACCOMPANIMENT**

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

Number of individuals

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

**B1. Victim advocacy/accompaniment to emergency medical care**

Number of occurrences

**B2. Victim advocacy/accompaniment to medical forensic exam**

Number of occurrences

**B3. Law enforcement interview advocacy/accompaniment**

Number of occurrences

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

Number of occurrences

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

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

Number of occurrences

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

Number of occurrences

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

Number of occurrences

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

Number of occurrences

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

Number of occurrences

**B10. Interpreter services**

Number of occurrences

**C. EMOTIONAL SUPPORT OR SAFETY SERVICES**

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

Number of individuals

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

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

Number of occurrences

**C2. Hotline/crisis line counseling**

Number of occurrences

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

Number of occurrences

**C4. Individual counseling**

Number of occurrences

**C5. Support groups (facilitated or peer)**

Number of occurrences

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

Number of occurrences

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

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

Number of occurrences

**D. SHELTER/HOUSING SERVICES**

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

Number of individuals

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

**D1. Emergency shelter or safe house**

Number of occurrences

**D2. Transitional housing**

Number of occurrences

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

Number of occurrences

**E. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE**

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

Number of individuals

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

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

Number of occurrences

**E2. Victim impact statement assistance**

Number of occurrences

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

Number of occurrences

**E4. Civil legal assistance in obtaining protection or restraining order**

Number of occurrences

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

Number of occurrences

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

**E6. Other emergency justice-related assistance**

Number of occurrences

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

Number of occurrences

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

Number of occurrences

**E9. Law enforcement interview advocacy/accompaniment**

Number of occurrences

**E10. Criminal advocacy/accompaniment**

Number of occurrences

**E11. Other legal advice and/or counsel**

Number of occurrences

**CLOSEOUT**

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

72. Does your site plan to sustain program funding after BJA funds have been expended?

- A. Yes (Proceed to next question)
- B. No, we don't need additional funding to continue (Skip to question 74)

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

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

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

74. Since the beginning of your program, has it demonstrated a measurable impact on the problem of focus? *When answering this question, please consider your target population and/or implementation design and analysis findings to this point. If applicable, please consult with the researcher/analyst when answering this question.*

- A. Yes, positive impact (Proceed to question 75)
- B. Yes, negative impact (Proceed to question 75)
- C. No measurable impact (End of questions)
- D. Not yet been measured (End of questions)

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

**GOALS AND OBJECTIVES**

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

1. Please identify the goal(s) you hope to achieve with your funding. If you have multiple goals, please report on each separately (one at a time), and repeat questions 1–4 for each goal.

---

---

---

2. What is the current status of this goal?

- A. \_\_\_ Not yet started
- B. \_\_\_ In progress
- C. \_\_\_ Delayed
- D. \_\_\_ Completed
- E. \_\_\_ Goal no longer applicable

3. During the past 6 months, please describe any progress you made or barriers you encountered related to this goal.

---

---

4. In the next 6 months, what major activities are planned for this goal?

---

---

**BUREAU OF JUSTICE ASSISTANCE**  
**Comprehensive Opioid Abuse Site-based Program**  
**Combined Performance Measures**  
**PERFORMANCE MEASURES**

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

5. Did you receive or do you desire any assistance from BJA or a BJA-funded technical assistance provider? *Select all that apply.*
- A. Yes, we received assistance (please describe)
  - B. Yes, we would like assistance or additional assistance (please describe)
  - C. No
- 
- 

6. BJA likes to showcase grantees who are working on successful, innovative, and/or evidence-based programs. Do you have any noteworthy accomplishments, success stories, or program results from this reporting period that you would like to showcase?
- A. Yes (Please share your story at: <https://www.bja.gov/SuccessStoryList.aspx>)
  - B. No
- 
-