**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.

**Please complete the questions below and return the completed form via email to** [**igs.jag@dfa.arkansas.gov**](mailto:igs.jag@dfa.arkansas.gov) **and copy (cc)** [**Betsy.Stokes@dfa.arkansas.gov**](mailto:Betsy.Stokes@dfa.arkansas.gov)**;**

**Due by April 15, 2021.**

***The questions start at #4 intentionally as 1-3 pertains to the State Administrative Agency.***

**SITE/PROJECT INFORMATION**

1. Please provide the name and contact information for the Project Director your agency will be working with as part of the COAP program.
   1. Name:
   2. Contact information:
      * Telephone number:
      * Email:
2. Has there been a change in your COAP Project Director during the reporting period?
   1. If “Yes” please explain:

* 1. No

1. Does your COAP project include a researcher or research partner?
   1. Yes
   2. No (Skip to question 9)

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

1. Please provide the **primary** point of contact **(**POC) for the researcher/research partner that your agency will be working with as part of this COAP program.
   1. Name:
   2. Research partner POC information:
      * + Name of agency:
        + Telephone number:
        + Email:
2. Has there been a change in your COAP researcher/research partner or a significant change in the research team members during the reporting period?
   1. If “Yes” please explain:

* 1. No

1. Do you have a webpage for your program?
   1. If “Yes” please explain:

* 1. No

1. What geographic area is served by your grant activities?
   1. A geographic area within a single city/county
   2. A single city/county
   3. Multiple geographic areas within a single state (e.g., multiple cities or counties)
   4. The entire state
   5. Multistate
2. How would you describe the geographic area served by your grant activities?
   1. Urban (i.e., a large city with 50,000 or more people)
   2. Suburban (i.e., a territory outside of a large city with a population of 2,500 to 50,000 people)
   3. Rural (i.e., a territory that encompasses all people and housing not included within a suburban, urban, or tribal area)
   4. Mixed (i.e., some combination of the above designations)
3. Are any of your funds going to a tribal territory?
   1. If “Yes” please explain and identify the tribal territory:
   2. No
4. In which of the following ways were data analysis findings applied to your program during the reporting period? *Select all that apply*.
   1. \_\_ Analysis was not conducted this reporting period
   2. \_\_ Analysis was conducted this reporting period, but findings were not applied in any way
   3. \_\_ Informed our understanding of the problem of focus
   4. \_\_ Informed decisions to improve program implementation
   5. \_\_ Incorporated into program evaluation (e.g., outcome, process)
   6. \_\_ Presented as results/recommendations to the program leadership, staff or workgroup
   7. \_\_ Communicated as results/recommendations to groups outside of the workgroup (e.g., local government, community organizations, media)
5. Please indicate the major obstacles the program faces when providing treatment and recovery support services in your area. *Select all that apply.*
   1. \_\_ We are not facing any major obstacles to providing services
   2. \_\_ Lack of public transportation
   3. \_\_ Limited availability of appropriate substance abuse treatment services
   4. \_\_ Limited availability of recovery support services
   5. \_\_ Limited public support for services and/or facilities
   6. \_\_ Limited hours of service
   7. \_\_ Limited client participating/commitment
   8. \_\_ Other, please describe:

1. What obstacles, if any, did you encounter during the last reporting period which made an impact on your project? *Select all that apply.*
   1. \_\_ No obstacles or barriers (N/A)
   2. \_\_ Access to data
   3. \_\_ Level of referrals to our program
   4. \_\_ Collaboration/coordination between partner agencies
   5. \_\_ Hiring project staff
   6. \_\_ Staff turnover
   7. \_\_ Retaining treatment providers
   8. \_\_ Competing agency priorities
   9. \_\_ Funding
   10. \_\_ Legal obstacles
   11. \_\_ Concerns about confidentiality
   12. \_\_ Differences in program implementation between partners
   13. \_\_ Technology challenges
   14. \_\_ Federal grant administration issues (e.g., unable to secure approval)
   15. \_\_ TTA provider
   16. \_\_ Other (please describe):

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

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

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

1. What kind of services are you delivering, or do you plan to deliver remotely? Enter N/A if your program does not and will not offer the particular service remotely.

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **This partner is actively involved in the COAP program** | **N/A** | **Strongly Disagree** | **Disagree** | **Neither Agree or Disagree** | **Agree** | **Strongly Agree** |
| Prosecutor’s office |  |  |  |  |  |  |
| Public defender’s office/defense attorney |  |  |  |  |  |  |
| Courts |  |  |  |  |  |  |
| Probation/Parole |  |  |  |  |  |  |
| Jail/Corrections administrators |  |  |  |  |  |  |
| Reentry services provider |  |  |  |  |  |  |
| Health care providers/public health |  |  |  |  |  |  |
| Mental health providers |  |  |  |  |  |  |
| Substance use disorder treatment  providers |  |  |  |  |  |  |
| Child protective services |  |  |  |  |  |  |
| Community-based service providers  (e.g., housing, employment) |  |  |  |  |  |  |
| Substance abuse prevention groups |  |  |  |  |  |  |
| Recovery community representatives/peers |  |  |  |  |  |  |
| Subject matter experts |  |  |  |  |  |  |
| Foundations/philanthropic organizations |  |  |  |  |  |  |
| Researcher, evaluator, or statistical analysis center |  |  |  |  |  |  |
| Victim advocates |  |  |  |  |  |  |
| Faith community |  |  |  |  |  |  |
| Business community |  |  |  |  |  |  |
| Neighborhood community groups |  |  |  |  |  |  |
| Other (please describe) |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **The following stakeholders exhibit a high level of collaboration with one another:** | **N/A** | **Strongly Disagree** | **Disagree** | **Neither Disagree or Agree** | **Agree** | **Strongly Agree** |
| **1** | **2** | **3** | **4** | **5** |
| Criminal courts and child welfare agencies |  |  |  |  |  |  |
| Local and state law enforcement |  |  |  |  |  |  |
| Local and federal law enforcement |  |  |  |  |  |  |
| State and federal law enforcement |  |  |  |  |  |  |
| Criminal justice agencies and substance use treatment providers |  |  |  |  |  |  |
| Healthcare providers and substance use treatment providers |  |  |  |  |  |  |
| Probation/parole and substance use treatment providers |  |  |  |  |  |  |
| Victim services and local first responders (e.g. police, fire and emergency medical services [EMS]) |  |  |  |  |  |  |

**TRAINING AND TECHNICAL ASSISTANCE**

1. 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?
   1. Yes
   2. No
   3. If Yes, how many trainings were completed during the reporting period?
2. 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.
3. 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.
   1. Yes
   2. No
   3. If Yes, how many TTA providers did you work with during the reporting period?
4. 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.
   1. Name of technical assistance provider:
   2. Nature o contact:
   3. Number of engagements:
   4. Satisfaction:
   5. Feedback on your encounters with this TA provider:
5. Were COAP grant funds used to develop a training course or curriculum?
   1. Yes
   2. No
6. What type of training course/curriculum was developed?
   1. \_\_Certification training (training required to obtain a certification)
   2. \_\_ In-service/annual training (training required to keep certification active or maintain proficiency)
   3. \_\_ Skill building (training that increases the skill or knowledge of employees in a particular area)
   4. \_\_ Leadership/management (training for managers or administrators)
   5. \_\_ Conference
   6. \_\_ Other (please describe)
7. 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.
8. 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.
9. What is the intended mode of delivery for your training course/curriculum? *Select all that apply.*
   1. \_\_ Classroom based (e.g., in-person, face to face)
   2. \_\_ Web based (e.g., webinar)
   3. \_\_ Prerecorded (e.g., training videos)
   4. \_\_ Self-study (e.g., manuals, guidebooks, or other materials)
   5. \_\_ Other (please describe)

**OUTREACH, AWARENESS, AND PREVENTION ACTIVITIES**

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

1. 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
   1. Yes
   2. No
2. 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)
   1. Train individuals on how to use naloxone.
   2. Implement a media campaign targeting the general public.
   3. 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).
   4. Increase the number of providers who use a Prescription Drug Monitoring Program.
   5. Provide education to improve family members’ or caregivers’ understanding of evidence-based treatments and prevention strategies for SUD or OUD.
   6. Implement or expand community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.
   7. Implement or expand non-law enforcement led school-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.
   8. Identify and screen individuals who are at risk of SUD/OUD.
   9. Implement or expand drug take-back programs.
   10. Implement or expand hepatitis or HIV testing for individuals with OUDs.
   11. Implement or expand a syringe exchange program.
3. 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.
   1. \_\_\_ General public
   2. \_\_\_ Opioid users
   3. \_\_\_ Family/friends of opioid users
   4. \_\_\_ Law enforcement
   5. \_\_\_ EMS
   6. \_\_\_ Healthcare workers
   7. \_\_\_ Probation or parole workers
   8. \_\_\_ Social workers or outreach workers
   9. \_\_\_ Recovery coaches
   10. \_\_\_ Criminal justice/corrections staff
   11. \_\_\_ Treatment staff
   12. \_\_\_ Victim service provider
   13. \_\_\_ Youth-serving organizations (e.g., schools, athletic leagues, or faith-based organizations)
   14. \_\_\_ Other (please describe)
4. Please select the target audience for the training, outreach, awareness, or prevention activity. *Select all that apply:* 
   1. \_\_\_ General public
   2. \_\_\_ Law enforcement
   3. \_\_\_ EMS
   4. \_\_\_ Healthcare workers
   5. \_\_\_ Probation/parole workers
   6. \_\_\_ Social workers or outreach workers
   7. \_\_\_ Recovery coaches
   8. \_\_\_ Criminal justice/corrections staff
   9. \_\_\_ Treatment staff
   10. \_\_\_ Family/friends of opioid users
   11. \_\_\_ Victim service providers
   12. \_\_\_ K-12 schools
   13. \_\_\_ Faith based communities
   14. \_\_\_ Other youth-serving organizations (e.g., athletic leagues, faith-based organizations)
   15. \_\_\_ Other (please describe)
5. Please describe the method of delivery for the training, outreach, awareness, or prevention activity. *Select all that apply:*
   1. In-person training/meeting/talk
   2. Online training
   3. Other (please describe):
6. How many total people attended a training, outreach, awareness, or prevention activity during the reporting period?
   1. Number of adults (18+)
   2. Number of youth (less than 18)
   3. Not tracked
7. How many individuals were screened during the reporting period?
8. During the reporting period, how many local, state, or national Drug Take Back Day events did you coordinate/participate in with a law enforcement agency?
   1. Number of events
   2. Pounds of controlled substances recovered
9. During the reporting period, how many pounds of controlled substances were received and disposed of in permanent drop boxes in your area? Exclude any controlled substance already reported during Drug Take Back Day (the previous question).

**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.

1. 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.
   1. First responder/law enforcement diversion program
   2. Pretrial diversion program overseen by a pretrial supervision agency
   3. Prosecutor diversion program overseen by a prosecutor’s office
   4. Court-based diversion program
   5. Family drug court program
   6. Tribal healing-to-wellness court
   7. Jail-based program focused on programming while inmates are in custody
   8. Jail-based reentry program focused on preparing inmates to leave jail custody
   9. Prison reentry program focused on preparing inmates to leave prison
   10. Probation program (Skip to next section)
   11. We are not using COAP funds to operate any of the above activities
2. How many individuals experienced a non-fatal overdose during the reporting period in your target area?
3. What entities refer/identify individuals to your program? *Select all that apply*.
   1. \_\_\_ Police officer/police employees
   2. \_\_\_ Sheriff’s department staff
   3. \_\_\_ Fire department employees
   4. \_\_\_ Emergency medical services staff
   5. \_\_\_ Prosecutor’s office
   6. \_\_\_ Defense attorney/public defender
   7. \_\_\_ Pretrial services
   8. \_\_\_ Courts
   9. \_\_\_ Probation
   10. \_\_\_ Parole
   11. \_\_\_ Jail/prison staff
   12. \_\_\_ Reentry services provider
   13. \_\_\_ Substance abuse treatment provider
   14. \_\_\_ Child protective services
   15. \_\_\_ Court clinician
   16. \_\_\_ School staff
   17. \_\_\_ Self-referral
   18. \_\_\_ Hospital emergency department staff
   19. \_\_\_ Other health care provider
   20. \_\_\_ Friends and/or family
   21. \_\_\_ Victim service provider
   22. \_\_\_Not applicable
4. Who is the lead agency for the first responder diversion program? If you have co-leads,

select all that apply.

* 1. \_\_\_ Sheriff’s office
  2. \_\_\_ Police department
  3. \_\_\_ EMS
  4. \_\_\_ Fire department
  5. \_\_\_ Combined fire department/EMS
  6. \_\_\_ Community/advocacy agency
  7. \_\_\_ Social service agency
  8. \_\_\_ Behavioral health agency
  9. \_\_\_ City, county, or state public health agency
  10. \_\_\_ Tribal agency
  11. \_\_\_ Other (please describe)

1. What recovery support services are COAP grant funds supporting in whole or in part? *Select all that apply.*
   1. The program is not providing recovery support with COAP funds
   2. Peer support or recovery coaching
   3. Family counseling
   4. Food and nutrition assistance
   5. Housing support services
   6. Employment assistance
   7. Case management
   8. Faith-based support
   9. Vocational training
   10. Education (e.g., GED support)
   11. Family reunification services
   12. Transportation assistance
   13. Assistance with benefits applications
   14. Tribal/Cultural healing
   15. Other (please describe)
2. Through what mechanisms are referrals to recovery support services made? *Select all that apply*.
   1. \_\_\_ Individuals receive written information (e.g., card, flyer, brochure or handout) about treatment and/or services resources.
   2. \_\_\_ Individuals receive a written referral to a treatment and/or services provider by the program.
   3. \_\_\_ Individuals receive a treatment and/or services appointment at a specific date and time by the program.
   4. \_\_\_ 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.
   5. \_\_\_ Other (please describe)
3. Please enter the number of individuals receiving recovery support services through referrals to other agencies/community support groups or through your program. Please count the number of individual with a SUD/OUD.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of People** | | | |
| **Measure** | | **Number** | **Cumulative Total** |
| A. | During the reporting period, how many individuals were referredto recovery support services through your program or other agencies/community support groups? |  |  |
| B. | Of those, how many individuals received recovery support services? |  |  |
| C. | Of those individuals that were referred to or received recovery support services, how many were identified as crime victims. |  |  |

1. For those participants receiving recovery support services during the reporting period, how many are receiving services for:
   1. Less than 30 days?
   2. 30 days or more?
2. For those participants who stopped receiving recovery support services during the reporting period, how many received services for:
   1. Less than 30 days?
   2. 30 days or more?
3. How many friends/family members of program participants were referred to recovery support services during the reporting period?
4. Of those, how many were identified as crime victims?
   1. Number identified as crime victims
   2. Not tracked
5. What substance use or co-occurring treatment services do you fund using your COAP funds? *Select all that apply.*
   1. \_\_\_ The program is not providing substance use or co-occurring treatment services with COAP funds
   2. \_\_\_ Outpatient substance abuse treatment
   3. \_\_\_ Intensive outpatient substance abuse treatment
   4. \_\_\_ Residential substance abuse treatment
   5. \_\_\_ Partial Hospitalization Program (PHP)
   6. \_\_\_ Inpatient withdrawal management (detoxification)
   7. \_\_\_ MAT
   8. \_\_\_ Mental health assessment and/or treatment
   9. \_\_\_ Family therapy
   10. \_\_\_ Trauma treatment

**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.

1. 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.).
   1. Yes
   2. No

**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).

1. 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.*
   1. Yes
   2. No
   3. 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*)

**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?
   1. \_\_\_\_\_ Not yet started
   2. \_\_\_\_\_ In progress
   3. \_\_\_\_\_ Delayed
   4. \_\_\_\_\_ Completed
   5. \_\_\_\_\_ 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.*

1. Did you receive or do you desire any assistance from BJA or a BJA-funded technical assistance provider? *Select all that apply.*
   1. *\_\_\_\_\_* Yes, we received assistance
   2. *\_\_\_\_\_* Yes, we would like assistance or additional assistance
   3. *\_\_\_\_\_* No
2. 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?
   1. Yes (Please share your story at: <https://bja.ojp.gov/feature-stories>
   2. No