BUREAU OF JUSTICE ASSISTANCE

COMPREHENSIVE OPIOID, STIMULANT, AND SUBSTANCE USE PROGRAM

PERFORMANCE MEASURES QUESTIONNAIRE

GENERAL 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 Justice Grants (JustGrants) system.*

   A. Yes/No *(If Yes, you must answer the questions in the Closeout section and the Goals and Objectives section. After completion, a final report will be created when closing out the Performance Measurement Tool [PMT] reporting requirements.)*

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 Bureau of Justice Assistance (BJA)-approved grant application. If Yes, the program becomes operational and should remain so until the grant closes out. If No, select all the reasons that apply for no grant activity during the reporting period and proceed to the Goals and Objectives section.*

   A. Yes/No
   B. If No, select from the following responses: *(Then skip to the Goals and Objectives section)*

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

3. Indicate the amount of project funding you receive from each of the following sources. *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 Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) (formerly COAP/COSSAP) award.*

	Funding Source	Dollar Amount	Percent
A.	COSSUP grant funding		<autocalc>
B.	Other (Non-COSSUP) BJA grant funding		<autocalc>
C.	Other DOJ grant funding		<autocalc>
D.	CDC grant funding		<autocalc>
E.	SAMHSA grant funding		<autocalc>
F.	Other federal grant funding		<autocalc>
G.	State funding		<autocalc>
H.	Local funding		<autocalc>
I.	Private funding		<autocalc>
J.	In-kind support		<autocalc>
K.	Other		<autocalc>
	If Other, explain:		
	Total	<auto fill sum>	<auto fill sum>

Notes: BJA – Bureau of Justice Assistance
CDC – Centers for Disease Control and Prevention
DOJ – Department of Justice
SAMSHA – Substance Abuse and Mental Health Services Administration

SITE/PROJECT INFORMATION

This section's purpose is to collect baseline information about COSSUP. 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. Provide the name and contact information for the Project Director that your agency will be working with as part of this COSSUP. *If there has been a change in the Project Director, please update.* *[Carry forward]*

   A. Name: _____
   B. Contact information:
      Phone number: _____
      Email address: _____

5. Has there been a change in your COSSUP Project Director during the reporting period?

   A. Yes/No
   B. If Yes, describe: _____

6. Does your COSSUP include a researcher or a research partner? *[Carry forward]*

   A. Yes/No *(If No, skip to question 9)*

7. Provide the primary point of contact (POC) for the researcher/research partner that your agency will be working with as part of COSSUP. *If there has been a change in the researcher/research partner POC, please update.* *[Carry forward]*

   A. Name: _____
   B. Contact information:
      Agency name: _____
      Phone number: _____
      Email address: _____

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

   A. Yes/No
   B. If Yes, describe: _____

9. Do you have a webpage for your program? *[Carry forward]*

   A. Yes/No
   B. If Yes, provide the URL: _____

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, identify the tribal territory: _____

13. In which of the following ways were data analysis findings applied to your program during the reporting period? *Select all that apply.*

A. ____ Analysis was not conducted during 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. 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, describe: _____

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

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

16. 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 abuse disorders	☐	☐	☐	☐	☐	☐
Screening to identify crime victims	☐	☐	☐	☐	☐	☐
Law enforcement diversion programs	☐	☐	☐	☐	☐	☐
Prosecutor-led diversion programs	☐	☐	☐	☐	☐	☐
Pretrial diversion programs	☐	☐	☐	☐	☐	☐
Treatment courts (e.g., drug courts)	☐	☐	☐	☐	☐	☐
Probation services designed to meet the needs of individuals with substance abuse disorders	☐	☐	☐	☐	☐	☐
Jail- or prison-based substance abuse treatment programs	☐	☐	☐	☐	☐	☐
Reentry programs	☐	☐	☐	☐	☐	☐
Victim services programs	☐	☐	☐	☐	☐	☐
Peer recovery services	☐	☐	☐	☐	☐	☐
Treatment services in rural communities within our service area	☐	☐	☐	☐	☐	☐
Naloxone distribution/deployment	☐	☐	☐	☐	☐	☐
Medication-Assisted Treatment (MAT)	☐	☐	☐	☐	☐	☐
Overdose prevention programs	☐	☐	☐	☐	☐	☐
Public education campaigns	☐	☐	☐	☐	☐	☐
Outreach to other professionals	☐	☐	☐	☐	☐	☐
Hot spot analysis (e.g., identifying geographic areas with a cluster of individuals at high risk for substance abuse or overdose)	☐	☐	☐	☐	☐	☐
Targeted educational interventions in hot spots	☐	☐	☐	☐	☐	☐
Substance abuse prevention coalitions	☐	☐	☐	☐	☐	☐

17. What kind of services are you delivering, or do you plan to deliver remotely? *Select N/A if your program does not, and will not, offer the particular service remotely.* *[Carry forward]*

Service	N/A	Currently Deliver Remotely	Plan to Deliver Remotely
Screening and assessment	☐	☐	☐
Group therapy	☐	☐	☐
Individual therapy	☐	☐	☐
Prescribing and monitoring medication	☐	☐	☐
Supervision check-ins	☐	☐	☐
Online curriculum	☐	☐	☐
Court check-ins	☐	☐	☐
Recovery support services	☐	☐	☐
Other	☐	☐	☐
If Other, explain:			

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

This partner is actively involved in COSSUP:	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 areas	☐	☐	☐	☐	☐	☐
Pretrial service organizations	☐	☐	☐	☐	☐	☐

This partner is actively involved in COSSUP:	N/A	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
		1	2	3	4	5
Prosecutor's office	☐	☐	☐	☐	☐	☐
Public defender's office/defense attorney	☐	☐	☐	☐	☐	☐
Courts	☐	☐	☐	☐	☐	☐
Probation/Parole	☐	☐	☐	☐	☐	☐
Jail/Corrections administrators	☐	☐	☐	☐	☐	☐
Reentry services providers	☐	☐	☐	☐	☐	☐
Health care providers/public health	☐	☐	☐	☐	☐	☐
Mental health providers	☐	☐	☐	☐	☐	☐
Substance abuse 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 centers	☐	☐	☐	☐	☐	☐
Victim advocates	☐	☐	☐	☐	☐	☐
Faith community	☐	☐	☐	☐	☐	☐
Business community	☐	☐	☐	☐	☐	☐
Neighborhood community groups	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐
If Other, explain:						

19. 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 Agree nor Disagree	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 abuse treatment providers	☐	☐	☐	☐	☐	☐
Healthcare providers and substance abuse treatment providers	☐	☐	☐	☐	☐	☐
Probation/parole and substance abuse treatment providers	☐	☐	☐	☐	☐	☐
Victim services and local first responders (e.g., police, fire, and emergency medical services [EMS])	☐	☐	☐	☐	☐	☐

TRAINING AND TECHNICAL ASSISTANCE

This section's purpose is to measure training availability on COSSUP initiatives during reporting periods. This section also focuses on the frequency and quality of TTA provided by BJA-funded training assistance partners. The overall Office of Justice Programs performance measures related to this section are:

- Percentage of grantees receiving technical assistance
- Percentage of grantees providing training to staff

20. Did the COSSUP provide or facilitate training to project workgroup members or other groups or organizations (e.g., first responders, victim services 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 COSSUP. Also include training provided to first responders, victim services providers, and child protective services professionals.*

A. Yes/No *(If No, skip to question 22)*

B. If Yes, how many trainings were completed during the reporting period: _____

21. For each of the trainings completed during the reporting period, 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 of 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 COSSUP.*

A. Yes/No *(If No, skip to question 24)*

B. 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, enter the following information. *The number of entries should equal the number you entered in question 22B.*

Name of Technical Assistance Provider	Nature of Contact (select all that apply)	Number of Engagements	Satisfaction	Feedback on Your Encounters with This Provider
[Open Text]	• Phone call • In-person meeting • Video conference • Site visit • Conference • Other (describe)	[Positive whole number]	• Very satisifed • Satisified • 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 COSSUP funds, answer the following questions. Repeat these questions as necessary to cover all trainings or curricula developed.

24. Were COSSUP grant funds used to develop a training course or curriculum?

A. Yes/No *(If No, skip to next section)*
B. If Yes, materials/curricula should be submitted to BJA via the JustGrants system with your progress report.

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

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

26. Describe the developed training course/curriculum. *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, describe: _____

If needed, repeat the above set of Training Development questions until all trainings or curricula developed are covered.

OUTREACH, AWARENESS, AND PREVENTION ACTIVITIES

29. Did the COSSUP-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. Do not include internal or external trainings.*

    A. Yes/No *(If No, skip to next section)*

30. Indicate the type of training, outreach, awareness, and prevention activities supported by COSSUP during the reporting period. *Select one at a time and enter up to five per quarter.*

    A. ____ Train individuals on how to use naloxone
    B. ____ Implement a media campaign targeting the general public *(Skip 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 abuse disorder (SUD) and opioid use disorder (OUD) *(Skip to questions 32—34)*
    D. ____ Increase the number of providers who use a Prescription Drug Monitoring Program *(Skip 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 *(Skip to questions 32—34)*
    F. ____ Implement or expand community-based prevention programs that are evidence-based to prevent misuse of opioids, stimulants, and other substances *(Skip 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, stimulants, and other substances *(Skip to questions 32—34)*
    H. ____ Identify and screen individuals who are at risk of SUD/OUD *(Skip to question 35)*
    I. ____ Implement or expand drug take-back programs *(Skip to questions 36—37)*
    J. ____ Implement or expand hepatitis or HIV testing for individuals with OUDs *(Skip to question 38)*
    K. ____ Implement or expand a syringe exchange program *(Skip to question 38)*

31. How many of the following types of individuals received training in the use of naloxone through COSSUP during the reporting period? *Only count individuals in the category that best describes their role.*

    A. General public ____
    B. Opioid or stimulant users ____
    C. Family/Friends of opioid or stimulant 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 services providers ____
    M. Youth serving organizations (e.g., schools, athletic leagues, or faith-based organizations) ____
    N. Other, describe: _____

32. 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 or stimulant users
K. ____ Victim services providers
L. ____ K-12 schools
M. ____ Faith-based communities
N. ____ Other youth-serving organizations (e.g., athletic leagues, faith-based organizations)
O. ____ Other, describe: _____

33. 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, 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 (under 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? ____

If needed, repeat the above set of Outreach, Awareness, and Prevention Activities questions until all prevention or outreach activities are covered (up to five per quarter).

DIVERSION, RECOVERY SUPPORT, AND SUBSTANCE ABUSE TREATMENT SERVICES

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

39. Indicate if you used COSSUP funds to operate any of the following types of programs during the reporting period. *Select only those programs that you are directly supporting with COSSUP funds.* *(Questions 40—46 required unless otherwise noted)*

    If first responder/law enforcement diversion program is selected in question 39, questions 42—46 are 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 COSSUP funds to operate any of the above activities

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

41. What entities refer/identify individuals to your program? *Select all that apply.* *[Carry forward]*

    A. ____ Police officer/police employees
    B. ____ Sheriff's department staff
    C. ____ Fire department employees
    D. ____ EMS 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 providers
    M. ____ Substance abuse treatment providers
    N. ____ Child protective services

O. ____ Court clinicians
P. ____ School staff
Q. ____ Self-referral
R. ____ Hospital emergency department staff
S. ____ Other health care providers
T. ____ Friends and/or family
U. ____ Victim services providers
V. ____ N/A

42. Who is the lead 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, describe: _____

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 referral/engagement during routine activities (e.g., patrol, response to 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, describe: _____

44. Which individuals are identified for intervention in your program? *Select all that apply.* *[Carry forward]*

A. ____ N/A
B. ____ Individuals that frequent known opioid or stimulant 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 state Prescription Drug Monitoring

45. Are you using any of the following branded models? *Select all that apply.* *[Carry forward]*

A. ____ Angel/Police Assisted Addiction Recovery Initiative (PAARI)
B. ____ Quick Response Team (QRT)
C. ____ Law Enforcement Assisted Diversion (LEAD)
D. ____ Civil citation
E. ____ Safe station
F. ____ Other, describe: _____

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

A. ____ The program is not providing recovery support with COSSUP 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, 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, describe: _____

48. Enter the number of individuals receiving recovery support services through referrals to other agencies/community support groups or through your program. *Count the number of individuals with an SUD/OUD. Family members referred to recovery support services should be counted in question 51. 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.*

	Performance Measure	Number of People	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? *Report individuals only the first time they are referred.*		<auto fill>
B.	Of those, how many individuals received recovery support services? *Do not include individuals who began receiving services in a previous reporting period.*		<auto fill>
C.	Of those individuals that were referred to or received recovery support services, how many were identified as crime victims? *If your program is working with a victim services provider, provide additional information about these individuals in the Supporting Crime Victims and Child Welfare section.*		<auto fill>

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

    A. Less than 30 days? ____
    B. 30 days or more? ____

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

    A. Less than 30 days? ____
    B. 30 days or more? ____

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

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

    A. Number identified as crime victims ____
    B. Not tracked ____

53. What substance abuse or co-occurring treatment services do you fund using your COSSUP funds? *Select all that apply.*

A. ____ The program is not providing substance abuse or co-occurring treatment services with COSSUP funds *(Skip to next section)*

B. ____ Outpatient substance abuse treatment

C. ____ Intensive outpatient substance abuse treatment

D. ____ Residential substance abuse treatment

E. ____ Partial Hospitalization Program (PHP)

F. ____ Inpatient withdrawal management (detoxification)

G. ____ MAT *(Question 54 required)*

H. ____ Mental health assessment and/or treatment

I. ____ Family therapy

J. ____ Trauma treatment

54. Which MAT medications are offered to individuals in the program?

A. Methadone

B. Buprenorphine (Suboxone, Subutex)

C. Naltrexone (Vivitrol)

55. Through what mechanisms are referrals to substance abuse 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, describe: _____

56. Enter the number of individuals receiving substance abuse 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.*

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

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

    A. ____ days

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

    A. Less than 30 days? ____
    B. 30 days or more? ____

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

    A. Less than 30 days? ____
    B. 30 days or more? ____

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

    A. In the first 2 weeks: ____ events
    B. In the first month: ____ events
    C. In the first 3 months: ____ events
    D. In the first 6 months: ____ events

61. Since the beginning of the program, how many individual participants experienced subsequent overdose events (fatal or nonfatal) in the specified period of time following their referral into the program? *Each person should be counted individually. This measure should be updated each quarter, providing the total over the life of the grant.*

    A. In the first 2 weeks: ____ participants
    B. In the first month: ____ participants
    C. In the first 3 months: ____ participants
    D. In the first 6 months: ____ participants

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

    A. 0 contacts within 30 days: ____ participants
    B. 1—2 contacts within 30 days: ____ participants
    C. 3—4 contacts within 30 days: ____ participants
    D. 5 or more contacts within 30 days: ____ participants

OPIOID AND STIMULANT DATA COLLECTION ACTIVITIES

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

63. Did your COSSUP 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, expedited data collection from medical examiners/coroners, etc.*

    A. Yes/No *(If No, skip to next section)*

64. Indicate if you used COSSUP funds to operate any of the following types of data collection and analysis during the reporting period. *Select only those programs that you are directly supporting with COSSUP funds. Select all that apply. [Carry forward]*

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

SUPPORTING CRIME VICTIMS AND CHILD WELFARE

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

65. Did your COSSUP use grant funds to develop partnerships with a victim services provider(s) to assist crime victims impacted by the opioid epidemic and the reemergence of stimulant abuse? *Select Yes if you received funds to support combination of victim services (through a victim services partnership) and general substance abuse treatment and recovery support services.*

    A. Yes/No *(If No, skip to next section)*
    B. If Yes, 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. Provide the name of the Victim Services Partner involved in your COSSUP. *If there has been a change in the Victim Services Partner, please update.* *[Carry forward]*

    A. Name of Agency: _____

67. Has there been a change to your Victim Services Partner during the reporting period?

    A. Yes/No
    B. If Yes, describe: _____

68. 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 <u>not</u> qualify as assistance.*

    A. Number of individuals: _____

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 services 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 individuals receiving services resulting from COSSUP 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 services provider partner(s) *(Skip 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, describe: _____

71. 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, A4, etc.), enter the number of times that service was provided during the reporting period. Zero (0) is a valid response. Because some clients may receive multiple services, the total number of times that services were provided within a category may be greater than the number of clients who received those services.*

A. Information and Referral

The number of individuals who received services in this category: _____

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

A1. Information about the criminal justice process: ____

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

A3. Referral to other victim services programs: ____

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

A5. Referral to other services, supports, and resources (e.g., legal, medical, faith-based organizations, mentoring programs, support groups, food and housing assistance, address-confidentiality programs): ____

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

B. Personal Advocacy/Accompaniment

The number of individuals who received services in this category: _____

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

B1. Victim advocacy/accompaniment to emergency medical care: ____

B2. Victim advocacy/accompaniment to medical forensic exam: ____

B3. Law enforcement interview advocacy/accompaniment: ____

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

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

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

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

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

B9. Transportation assistance (includes coordination of services): ____

B10. Interpreter services: ____

C. Emotional Support or Safety Services

The number of individuals who received services in this category: _____

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

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

C2. Hotline/crisis line counseling: ____

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

C4. Individual counseling: ____

C5. Support groups (facilitated or peer): ____

C6. Other therapy (e.g., traditional, cultural, or alternative healing; art, writing, or play therapy): ____

C7. Emergency financial assistance (e.g., emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic medications, durable medical equipment): ____

D. Shelter/Housing Services

The number of individuals who received services in this category: _____

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

D1. Emergency shelter or safe house: ____

D2. Transitional housing: ____

D3. Relocation assistance (includes assistance with obtaining housing): ____

E. Criminal/Civil Justice System Assistance

The number of individuals who received services in this category: _____

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): ____

E2. Victim impact statement assistance: ____

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

E4. Civil legal assistance in obtaining protection or restraining order: ____

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

E6. Other emergency justice-related assistance: ____

E7. Immigration assistance (e.g., special visas, continued presence applications, other immigration relief): ____

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

E9. Law enforcement interview advocacy/accompaniment: ____

E10. Criminal advocacy/accompaniment: ____

E11. Other legal advice and/or counsel: ____

CLOSEOUT QUESTIONS

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

A. Yes

B. No, we do not need additional funding to continue *(Skip to question 74)*

73. Indicate if you have applied for or received sustained funding from the following sources:

Funding Source	N/A	Have Applied for Funding	Have Secured Funding
Locality	☐	☐	☐
State	☐	☐	☐
Federal	☐	☐	☐
Private funding	☐	☐	☐
Other	☐	☐	☐
If Other, explain:			

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

A. Yes, positive impact

B. Yes, negative impact

C. No measurable impact *(Skip to next section)*

D. Not yet measured *(Skip to next section)*

75. 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 or stimulant overdoses, where possible. *If your program was funded to enhance partnerships with victim services and child welfare, describe the impact the project had on identifying crime victims.*

_____

_____

GOALS AND OBJECTIVES QUESTIONS

This section 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. Identify the goal(s) you hope to achieve with your funding. *If you have multiple goals, report on each goal 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, 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?

   _____
   _____

Answer the following questions based on your overall activity during the previous months.

5. Did you receive or do you desire any assistance from BJA or a BJA-funded technical assistance provider?

   A. Yes, we received assistance (describe below)
   B. Yes, we would like assistance or additional assistance (describe below)
   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 (share your story below and at https://www.bja.gov/SuccessStoryList.aspx)
   B. No

   _____
   _____

THANK YOU FOR PARTICIPATING!

REVISED MAY 2023